MENTORING
MENTORING
MENTORING

HISPANIC YOUTH

IN

SUBSTANCE ABUSE AND MENTAL HEALTH CAREERS

A COMMUNITY BASED MODEL

MH06D6882

Disclaimer

This publication was produced by the ASPIRA Association, Inc. under a Cooperative Agreement US2MP97001 beween the ASPIRA Association and the Office of Minority Health (OMH), Office of Public Health and Sciences (OPHS), U.S. Department of Health and Human Services (DHHS). It was partially supported through funding provided by the Office of Minority Health, Substance Abuse and Mental Health Services Administration (SAMHSA). This document does not necessarily reflect the views, policies and opinions of the DHHS or its components.

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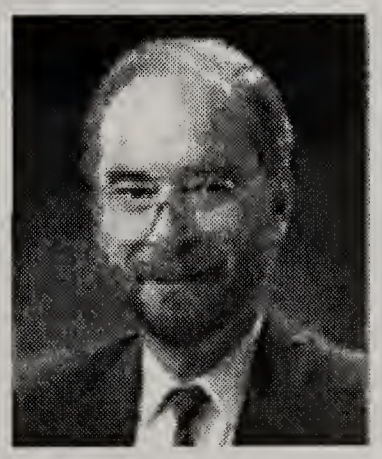
Hispanic Americans face significant challenges in attaining better health care, specifically in substance abuse and mental health. To address these needs, it is vital to encourage Hispanic youth to pursue careers in these fields and to make a difference by responding to the health care needs of their communities.

It all begins with a mentor. A mentor can be the one person who makes the difference in the life of a young person by serving as a positive role model. A mentor reinforces good study habits, provides guidance, assists with schoolwork, is present for moral support and encouragement by saying—

"Yes, you can achieve your dream and go to college."
"Yes, you can do it!"

For over 30 years, ASPIRA has shaped the entry for Hispanic youth to pursue careers in the health professions. These *ASPIRANTES*, are helping to recognize and respond to the needs of their communities.

Mentoring Hispanic Youth In Substance Abuse And Mental Health Careers—A Community Based Model is intended for those interested in mentoring, from developing new programs to becoming mentors themselves. This manual demonstrates that adult-youth partnerships can make a difference among our young people and can be a critical and important factor in encouraging Hispanic youth to enter health care professions. Working together, we can assist in building an educated and healthier nation.



Ronald Blackburn-Moreno
President
The ASPIRA Association, Inc.

THE ASPIRA ASSOCIATION

The mission of ASPIRA is to empower the Puerto Rican and Latino community through the development of its youth.

What is ASPIRA

ASPIRA takes its name from the Spanish verb *aspirar*, meaning, to "aspire." Since 1961 ASPIRA has pursued its mission of empowering the Hispanic community through education and leadership development of its youth.

ASPIRA sees youth as potential leaders waiting to emerge within the Latino community. With a national office in Washington, D.C. and community-based offices in six states and Puerto Rico, ASPIRA works with over 25,000 youth and their families each year to develop that potential.

Since its founding, ASPIRA has provided a quarter of a million youth with the personal resources they need to remain in school and contribute to their community. These are our *Aspirantes*, educated leaders for the future of our community.

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A mentor can make a difference in the life of Hispanic youth.

1 INTRODUCTION

The word mentor comes from the Greek language and means steadfast or enduring. In Homer's *Odyssey*, Ulysses, The Hero, asks his friend, Mentor, to counsel and guide his son Telemachus.

Purpose

The purpose of this manual is to provide a framework for the development of a national mentoring program for Hispanic[1] healthcare professionals and students to improve their participation in substance abuse and mental health careers. Furthermore, the manual highlights the difference a mentor can make in the life of a young Hispanic student.

Introduction

This manual contains information regarding mentoring and how to start a mentoring program to spark Hispanic youth's interest in the substance abuse prevention and mental health fields. Additional information on mentoring resources, training and basic volunteer program management can be obtained by contacting national and local programs that have these activities in place.

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[1]Following the lead of most data collection agencies of the Federal government and medical journals, the terms "Hispanic" and "Black" are used rather than "Latino" and "African American."

The user of this manual is encouraged to refer to this document for resources and curriculum information as needed. Personnel involved in program implementation activities are urged to review the resource information as flexible tools to be modified and applied at the local level.

This manual provides a short overview on the mentoring process, with stand-alone sections that can serve as informational packets for volunteers to share with their targeted audience. We hope that you will find this manual a useful tool in creating an effective program to promote substance abuse and mental health careers among Hispanic youth.

What is Mentoring?

Flexman, Ascher, and Harrington (1988) provide a helpful and useful definition of mentoring:

> Mentoring is defined as a supportive relationship between a youth or young adult, or an individual who offers support, guidance and concrete assistance as the younger partner goes through a difficult period, enters a new area of experience, takes on important tasks, or corrects earlier challenges.

Background

The ASPIRA Association researched and collected information on existing community-based mentoring programs. In conducting this research, ASPIRA found that several organizations implement mentoring programs that reach Hispanic youth. Among these are: 4-H, Teen Pals, AmeriCorps, Mentors, Inc., Latin American Youth Center, the Big Brother Big Sisters Program, the National Society for Hispanic MBA's, National Alliance for Hispanic Health, the Global Classroom Project which uses the Internet, and others. All of these organizations produce materials related to their specific mentoring programs.

ASPIRA has also identified products on mentoring that were developed by a number of organizations such as the U.S. Department of Education's Partnership for Family Involvement in Education, *Yes, You Can* (1998); Virginia Office of Volunteerism, *Volunteer Mentor Programs* (1997); United Way of America, *A Youth Mentor Training Curriculum* (1991) and The Groundhog Job Shadow Day Coalition, *How to Have a Successful Groundhog Job Shadow Day 2000* (1999). ASPIRA was unable to identify a specific curriculum manual targeted toward working with Hispanic youth that would encourage their participation in substance abuse and mental health careers.

A national advisory panel was convened for the development of this manual. This group provided input on the initial strategy of this manual and later reviewed and made recommendations on draft materials.

As the project developed, ASPIRA organized a focus group, seeking input from parents, health professionals, community organizations and students. Information gained from the focus group assisted in refining the elements of the mentoring model and evaluation of the project.

Structure of the Manual

Figure 1-1. provides an outline of the manual, which is divided into seven chapters. Each chapter begins with a purpose, and each section provides a discussion on the topic at hand.

Figure 1-1. Outline of the Manual

Chapter 1. Introduction	Provides an introduction to the manual
Chapter 2. The Hispanic Population	Provides an overview of the Hispanic population in the U.S. ; discusses the racial and ethnic composition of the Hispanic population, and provides a brief review of issues that impact Hispanic youth
Chapter 3. Substance Abuse and Mental Health Careers	Demonstrates the need for mentoring programs in substance abuse and mental health careers
Chapter 4. Building a Mentoring Program	Provides practical steps for building and carrying out a mentoring program
Chapter 5. Developing Resources to Support the Program	Provides an overview of the resources needed to support a mentoring program
Chapter 6. Assessing Program Success	Provides an overview of the tools necessary to evaluate a substance abuse and mental health mentoring program
Chapter 7. Using the Web to Develop Mentoring Programs	Lists numerous websites that mentors and mentees can access in the areas of mentoring, substance abuse and mental health careers, and Hispanic healthcare

Acknowledgements

Mentoring Hispanic Youth in Substance Abuse and Mental Health Careers-A Community Based Model was a collaborative effort. Hilda Crespo, Project Director and Vice President of Public Policy and Federal Relations at the ASPIRA Association, spearheaded the Project and served as co-author.

Cristóbal S. Berry Cabán[2], served as principle author and primary consultant to the project. Nuria Roy, former Policy Analyst at ASPIRA conducted research, organized a working bibliography and assisted with editing. Katherine Aguilar, Adriana Quirarte, ASPIRA Policy Analysts, and Jennifer Arroyo, ASPIRA Policy Intern provided editoral support to the project. Moreover, high school interns Daisy Benitez, Daniel Romo and college interns Daniel Alvarez, Maria Pelayo, and Amy Monroe provided valuable input. Johnny Villamil, Executive Vice-President at ASPIRA provided assistance with Web page development. Lastly, photographic enteries were submitted by Michael Boyle and Hilda Crespo.

Office of Minority Health

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ASPIRA gratefully acknowledges the contribution of the advisory panel, project officers and many others who provided information, advice and support. However, it should be noted that ASPIRA bears sole responsibility for the contents of this manual.

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Many colleagues shared their ideas and experiences in the development and review of this publication. We want to acknowledge and thank the following members of the advisory panel who provided thoughtful insights, generously shared their materials and offered encouragement along the way:

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Key Sources of Information

Flaxman, E., Ascher, C. & Harrington, C. *Mentoring Programs and Practices: An Analysis of the Literature.* New York: Columbia University Teacher's College, Institute for Urban and Minority Education, 1988.

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The Office of Management and Budget (OMB), *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity: October 30, 1997; Directive No. 15. Federal Register* (October 30, 1997) http://www.whitehouse.gov/OMB/fedreg/ombdir15.html

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United Way of America, *Mentor Training Curriculum.* Alexandria, VA: 1991.

Mentors can help Hispanic youth in recognizing their rich cultural heritage.

2 THE HISPANIC POPULATION

"As the Hispanic community increases, the importance of acquiring quality health care is critical." We need doctors, nurses, dentists and health care administrators, but if we truly want to impact and address the needs of the Hispanic community, careers in public policy and research are the arenas where important decisions are being made."

Marilyn Aguirre-Molina, Ph.D
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Purpose

This chapter provides a demographic overview of the Hispanic population. It also examines several issues that challenge Hispanic youth, including: education, health, substance abuse and mental health.

Introduction

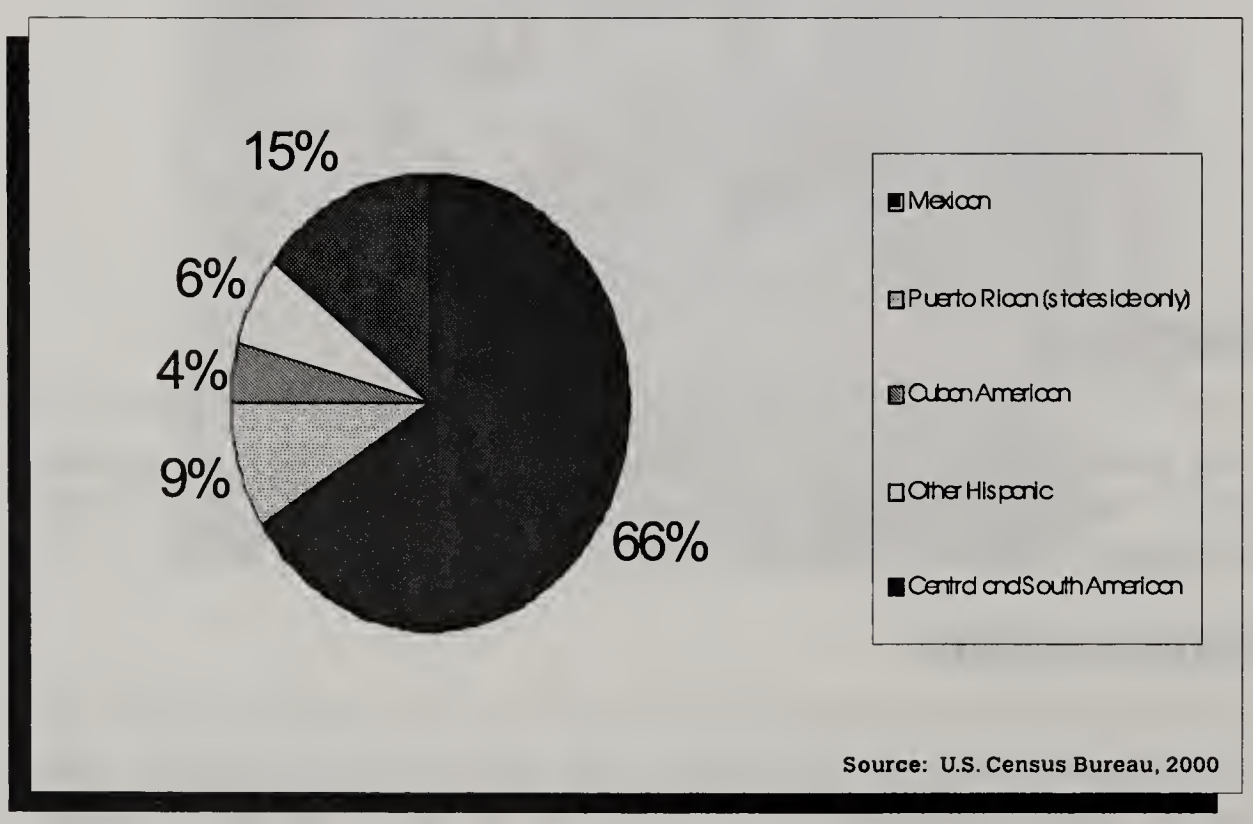
The Hispanic American population is growing so rapidly that the 2000 Census reported numbers roughly equal to the black population (*Washington Post*, March, 2001). Furthermore, the U.S. Census Bureau (1999) projects that the Hispanic population will increase from 35 million in 2000 to roughly 100 million in 2050. This will make-up approximately 25% of the population.

Hispanics as an Ethnic Group

Most Americans tend to think of Hispanic Americans as one monolithic group, but it is a very diverse group. This presents a challenge to substance abuse and mental health workers who want to serve and interact with this community. Some Hispanic Americans speak only English, others speak only Spanish, and a growing number are bilingual. Hispanic Americans differ in education, socioeconomic status, language and country of origin with roots that connect to Spanish-speaking countries including: Spain, Puerto Rico, Mexico, the Caribbean and to the many countries of Central and South America. They can also be of any race. Therefore, the label or identifier used often depends on the individual (Oboler, 1995).

As indicated on Figure 2-1, Mexican Americans, the largest Hispanic group, account for the largest U.S. Hispanic population (66%). Puerto Ricans (State side only) are the second largest group (9%); this percentage does not reflect the 3.6 million that live on the island. Cuban-Americans are third (4%). Others come from Central and South America (U.S. Census Bureau, 2000).

Figure 2–1. Hispanics, by Origin, 1999



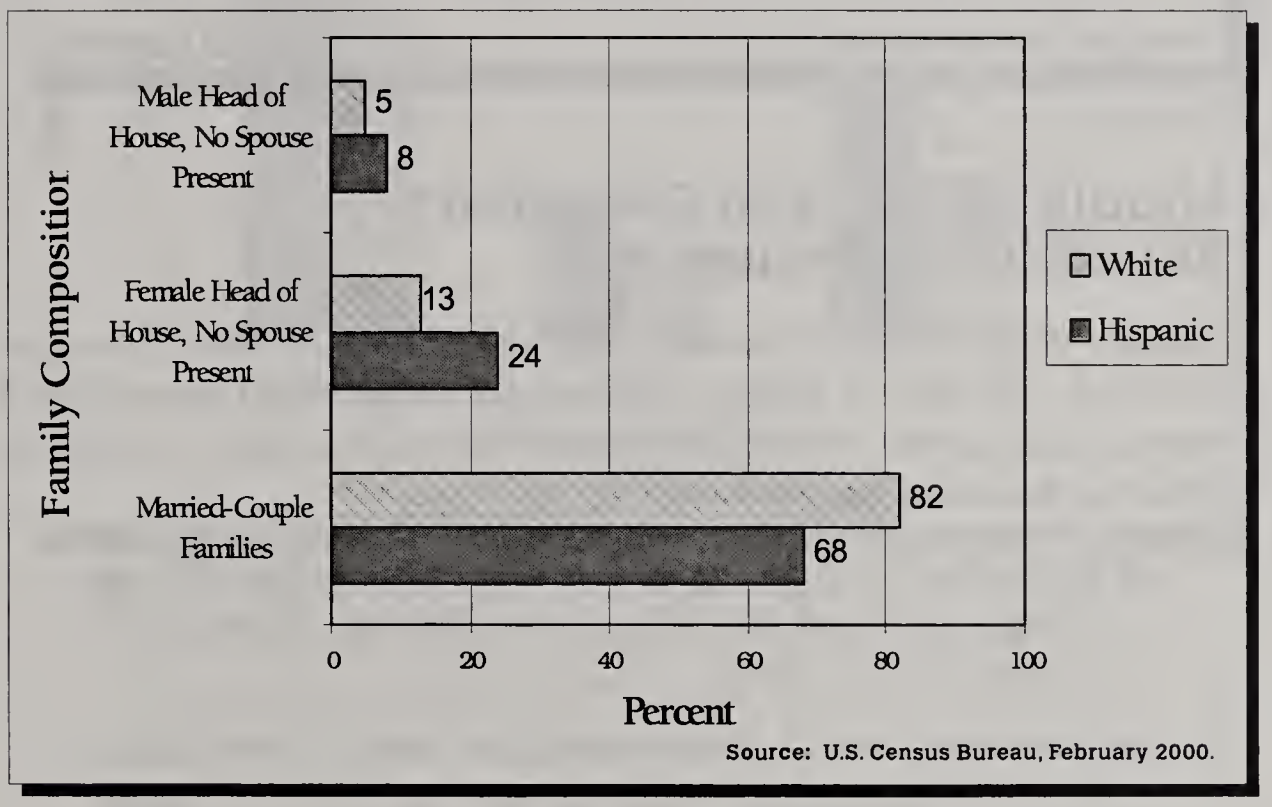
Despite popular misconceptions regarding the citizenship status of most U.S. Hispanics, many are native born, are naturalized citizens, or have legal residency status. Puerto Ricans are not immigrants, but U.S. citizens. Ironically, undocumented immigrants remain a small minority.

Some Demographic Facts

The Hispanic community is marked by its youthfulness. The median age of the Hispanic population is about 25.9 years, compared with a median age of 35.3 years for whites (U.S. Census Bureau, 2000).

The average size of the Hispanic household is 3.5 persons, compared with 2.6 persons per white household. As indicated on Figure 2-2, two-parent families remain the most common family structure for Hispanics (Aponte, 1999; U.S. Census Bureau, 2000).

Figure 2–2. Type of Families by Hispanic Origin, 1999

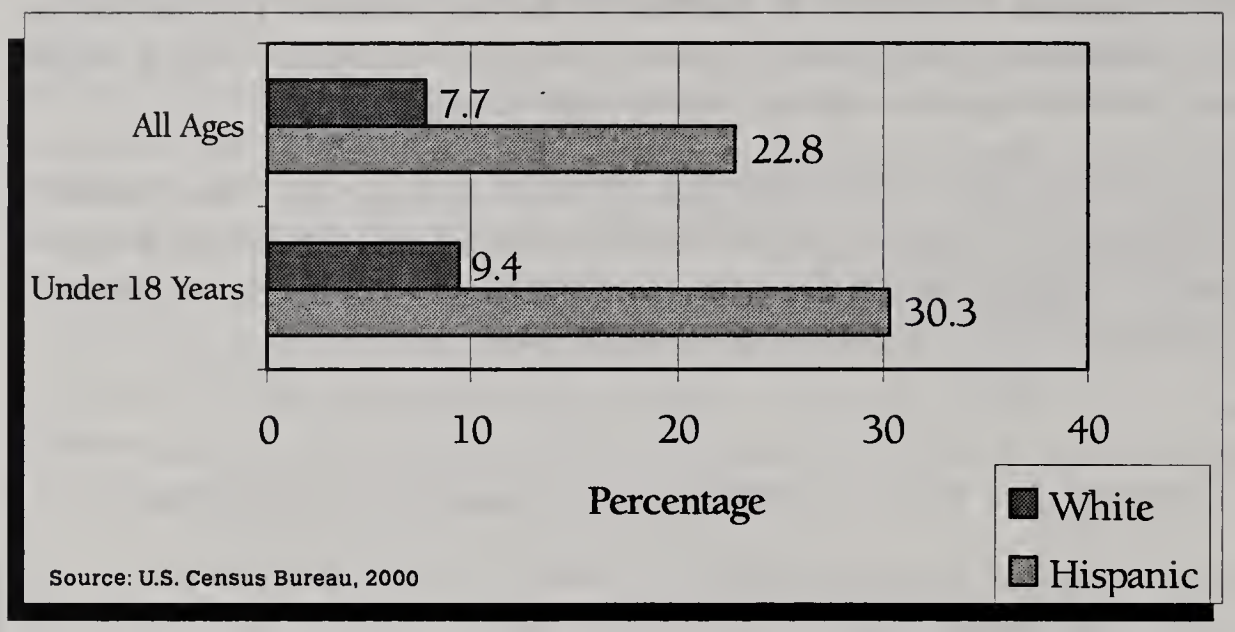


Hispanics tend to be regionally scattered across the U.S. Most Puerto Ricans live in the Northeast. Most Cubans live in the South and most Mexican Americans live in the West and the South. Nearly half of all Hispanics live in urban areas. Already in some major cities, Hispanic students comprise the majority of children in school (U.S. Census Bureau, 2000).

Since 1972, the median income of Hispanic families has been below that of white families. In 1997, the Hispanic family median income was $28,000, considerably below that of whites, $41,000 (U.S. Census Bureau, 1998).

A significant number of Hispanic youth (See Figure 2-3) under 18 years old (30.3%) live below the poverty level compared to white youth (9.4%). Hispanics (66.5%) are just as likely as whites (66.7%) to participate in the labor force (U.S. Census Bureau, 2000; Council of Economic Advisers, 1998).

Figure 2–3. People Below the Poverty Level, 1999



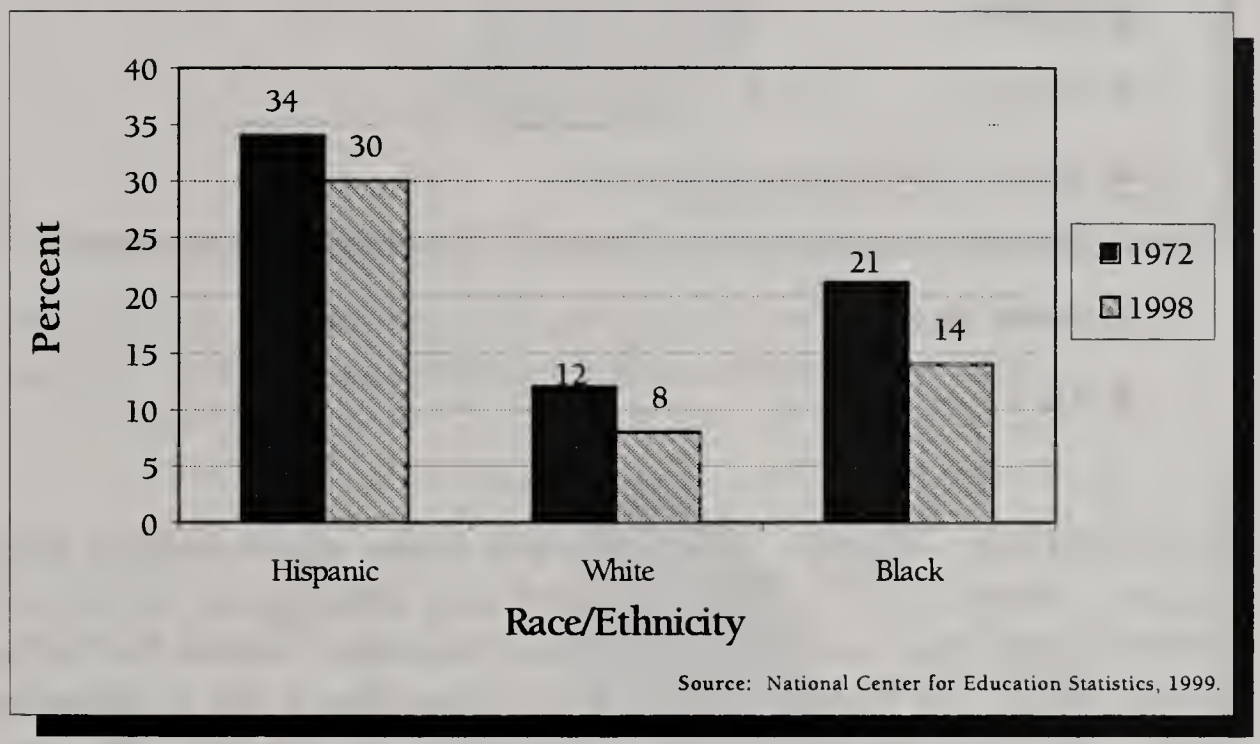
Middle School and Secondary Education Experiences

Hispanic students require extensive support systems in order to succeed in school. The lack of adequate educational support and career-related experiences presents enormous obstacles for adolescents to overcome. Consider the following:

- In the year 2000, 35.7% of Hispanics were less than 18 years of age, compared to 23.5% of non-Hispanic Whites (U.S. Census Bureau, 2000).
- More than 90% of Hispanic students attend urban schools (U.S. Department of Education, National Center for Education Statistics, 2000).
- Sixty percent of 4th grade Hispanic students lag behind in reading, mathematics and science proficiency (National Assessment of Educational Progress, 1997).
- At age 13, Hispanic students are, on average, about 2 years behind in math and reading and about 4 years behind in science (U.S. Department of Education, National Center for Education Statistics, 1995).
- Hispanic students are more likely to be "held back" in the elementary grades, or experience "delayed schooling." This is the highest predictor of school dropout rates (Secada, et al., 1998).

- Hispanics have a high dropout rate. As recent as 1998, the dropout rate for Hispanic 16-to-24-year-olds was 30% (see Figure 2-4). That is, 30% of all Hispanics in this age group had not completed and were not enrolled in high school, which was more than three times the rate for whites (8%) in the same group (National Center for Education Statistics, 1999).

Figure 2–4. Status of Dropout Rates by Race/Ethnicity, Ages 16–24, 1972–1998



Source: National Center for Education Statistics, 1999.

- Grade retention is one of the major factors contributing to school dropout rates. Information from the National Center for Education Statistics (1995) show that most students who dropout of school have repeated one or more grades.
- Hispanic students are often "tracked" into courses that satisfy only the basic high school requirements (President's Advisory Commission on Educational Excellence for Hispanic Americans, 1998). Such courses do not qualify Hispanic students for good, entry-level jobs in the health care industry, or prepare them adequately for college.
- The proportion of Hispanics age 25 or older with a bachelor's degree is 10.6%, compared to 28.1% for non-Hispanic whites.

In spite of all of these educational challenges, the number of Hispanic high school graduates is beginning to increase. Hispanic students who graduate from high school are just as likely as white students to continue on to college. About 55% of Hispanics who graduated from high school in 1994 enrolled in college the next fall (U.S. Department of Education, National Center for Education Statistics, 1995).

Adolescent Health Status

Adolescence is a time when many choices are made and the consequences of those choices affect both the immediate and long-term health of the individual and the community. Some of the health issues that Hispanic youth face include:

- Substance Abuse
- Alcohol
- Smoking
- Mental Health
- Violence
- Sexual Activity
- AIDS

Substance Abuse Young people begin experimenting with alcohol, tobacco and illicit drugs at earlier ages, although not all who try drugs once or twice continue to use them (Schneider Institute for Health Policy, 2001). For Hispanic youth acculturation plays a role in substance abuse. Acculturation occurs when an individual or group who has a certain cultural behavior and way of thinking begins to change because of exposure to another culture. Increased English language use by Hispanic youth, one indicator of acculturation, is associated with higher rates of illegal drug use even after sociodemographic variables, such as gender, age, income and education, are considered.

Rates of illicit drug use (marijuana, cocaine/crack, and inhalant use) are higher among Hispanic adolescents (9.3%) than among white adolescents (6.3%) (U.S. Department of Health and Human Services, 1999).

Hispanic high school students (45%) reported having used marijuana at least once in their lifetime in 1995. Furthermore, of Hispanic high school students (10.4%) reported using marijuana at school (Figure 2-5). An astonishing 41.4% of Hispanic students were offered, sold, or given an illegal drug on school property (Figure 2-6) (U.S. Department of Health and Human Services, 1998).

Figure 2–5. Students in Grades 9–12 who Reported Marijuana Use on School Propery, 1997

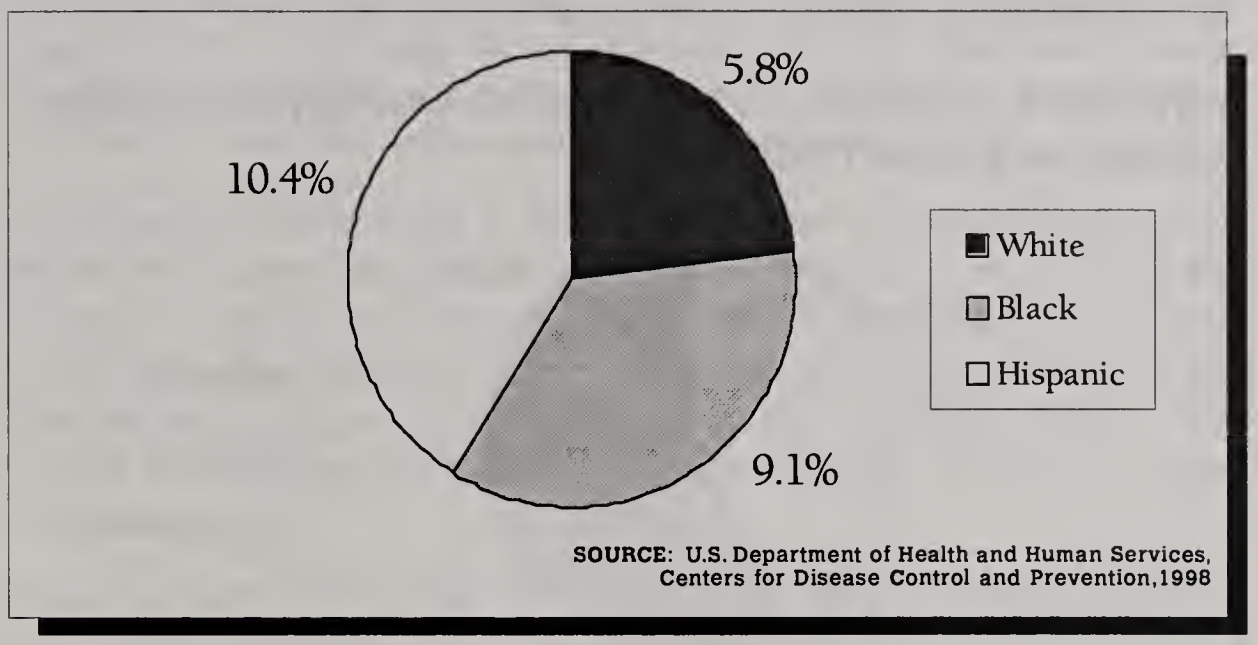
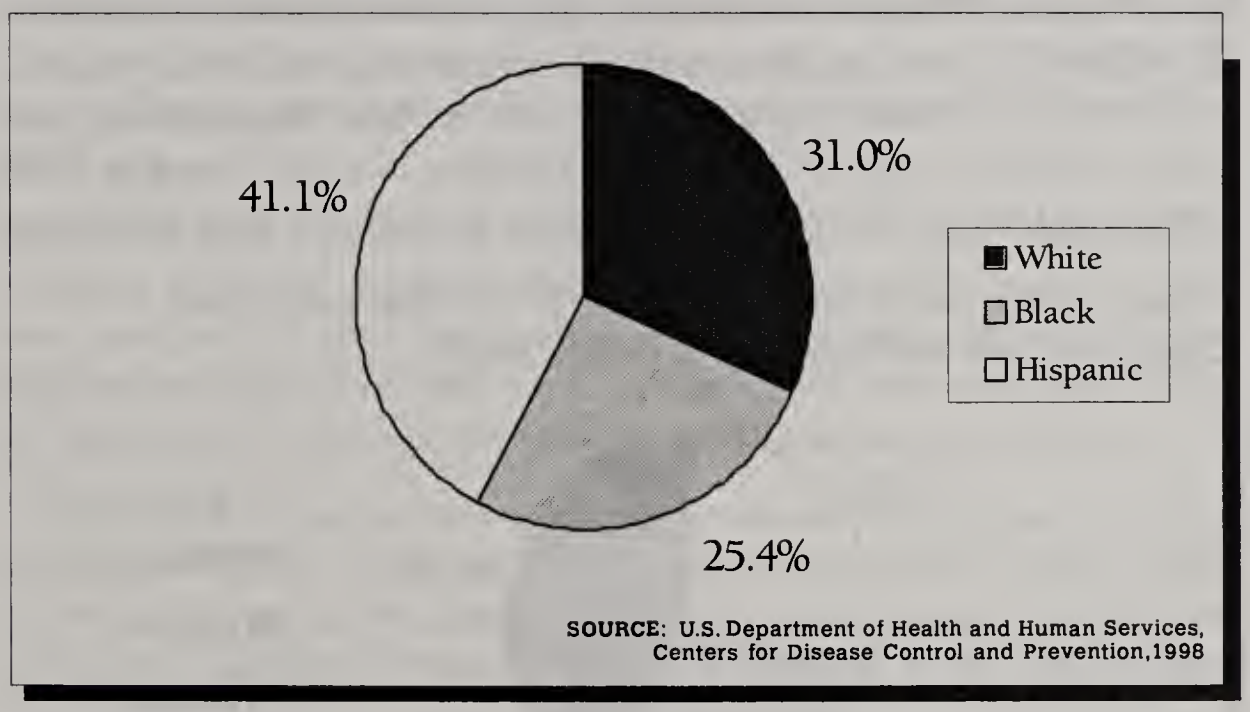


Figure 2–6. Students in Grades 9–12 who were Offered, Sold, or Given Illegal Drug on School Property, 1997



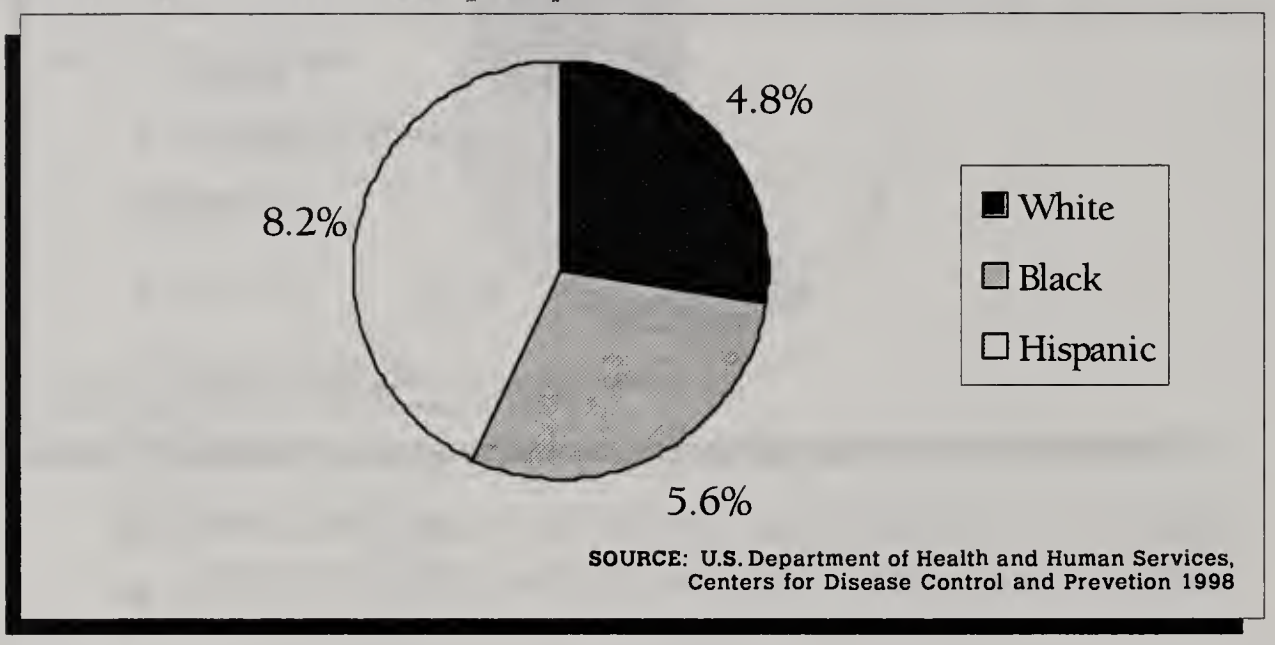
Hispanic youth ages 12 to 17 have higher rates of cocaine use than their non-Hispanic counterparts. Young Hispanic females had the highest lifetime use of cocaine, glue (for sniffing), heroine and other illegal substances (U.S. Department of Health and Human Services, 1999).

Hispanic drug injection use accounts for 27% of Hispanic AIDS cases (U.S. Department of Health and Human Services, 1998).

Alcohol The use of alcohol can affect the future and promise of Hispanic youth. In 1996, alcohol-related fatalities for all ages decreased as the number of youth alcohol-related fatalities increased. Ironically, since 1990, Hispanic youth alcohol-related traffic fatalities have been on the rise. According to the U.S. Department of Health and Human Services

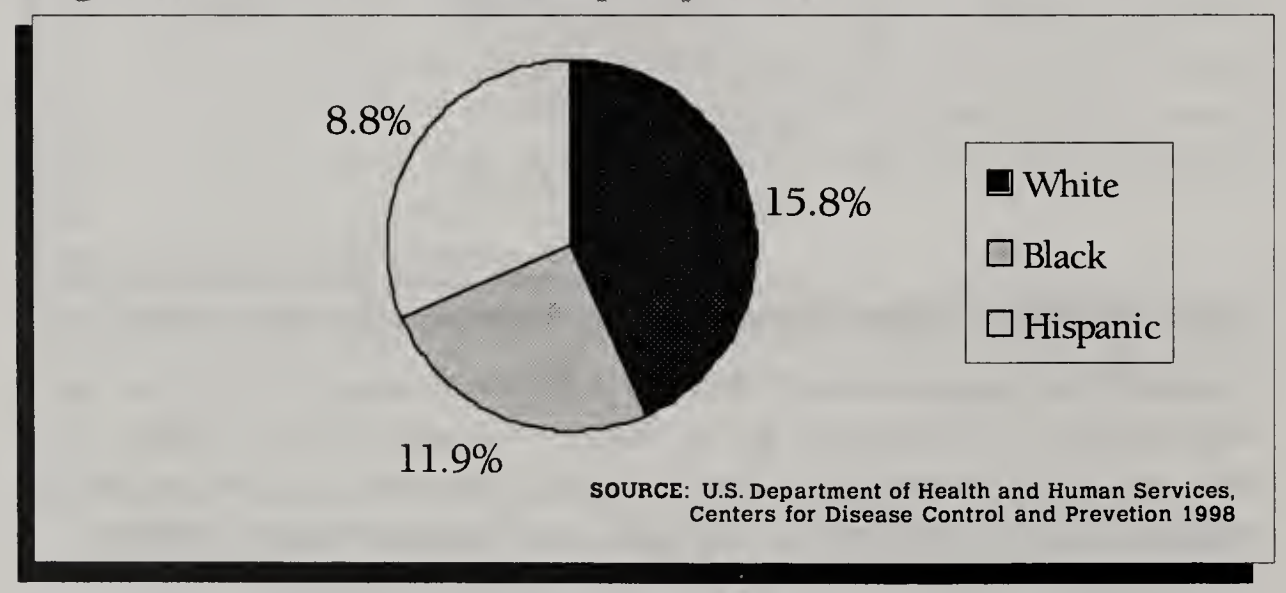
(1999), over 30% of Hispanic high school seniors reported binge drinking. Hispanic adolescents (8.2%) were more likely than their peers (4.8%) to use alcohol on school property (Figure 2-7).

Figure 2–7. Students in Grades 9–12 who Reported Using Alcohol on School Property, 1997



Smoking Among Hispanic high school students, 8.8% reported smoking cigarettes on school property and 3.3% of Hispanics reported using smokeless tobacco at school. Smoking is a risk factor in heart disease and cancer, the two leading causes of death for adult Hispanics.

Figure 2–8. Students in Grades 9-12 who Reported Cigarette use on School Property, 1997



There is strong evidence that smoking is increasing among Hispanic women. Although only 17.0% of Hispanic women currently smoke, 27.2% of Hispanic female high school students reported being current smokers (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998).

Mental Health

The teen years can be a very difficult transition into adulthood. There is pressure to be popular, to do well in school, to get along with family and to make important life decisions. Therefore, it is not unusual for Hispanic youth to experience mental health concerns. Two areas where this is most visible is among youth who suffer from low self-esteem and thoughts of suicide.

Self-esteem generally refers to how one perceives, feels and values themselves. Self-esteem also refers to how one expects to be accepted and valued by significant others and peers. This is significant for Hispanic youth since they enter the education system with high self-esteem and firm aspirations to succeed. However, by the time they reach middle school, their aspirations have significantly declined (Beane and Lipka, 1986).

Some researchers have also noted the relationship between self-esteem and school achievement. Our academic self-concept relates to how well we do in school, or how well we learn (Guinn, Semper and Jorgensen, 1997). When students experience academic success, their level of self-confidence increases. As self-confidence grows, they feel empowered to face new challenges. Hence, as Hispanic youth succeed in confronting new challenges, they develop the capacity to cope with whatever life throws their way.

One of the most critical areas in mental health for Hispanic adolescents is thoughts of suicide. Hispanic high school students are more likely to report suicidal thoughts than their non-Hispanic peers. Hispanic female high school students (14.9%) are more likely than their male peers (9.1%) to have made at least one suicide attempt (Holinger., et al, 1994).

Violence

Firearms homocide is the second leading cause of death for Hispanic youth 15 to 20 years old (Violence Policy Center, 2001). Information from the National Center for Education Statistics (2000) presents some alarming indicators relevant to Hispanic youth and violence:

> Hispanic students (7.2%) were significantly more likely to have missed at least one day of school because they felt unsafe at school, or they felt unsafe going to, or from school, compared to white students (2.4%). Hispanic students (9%) were more likely than white students (6.2%) to have been threatened or injured with a weapon on school property. Moreover, Hispanic students (10.4%) were significantly more likely than white students (7.8%) to have carried a weapon on school property. In addition, Hispanic students (19%) were significantly more likely than white students (13.3%) to have been in a physical fight on school property.

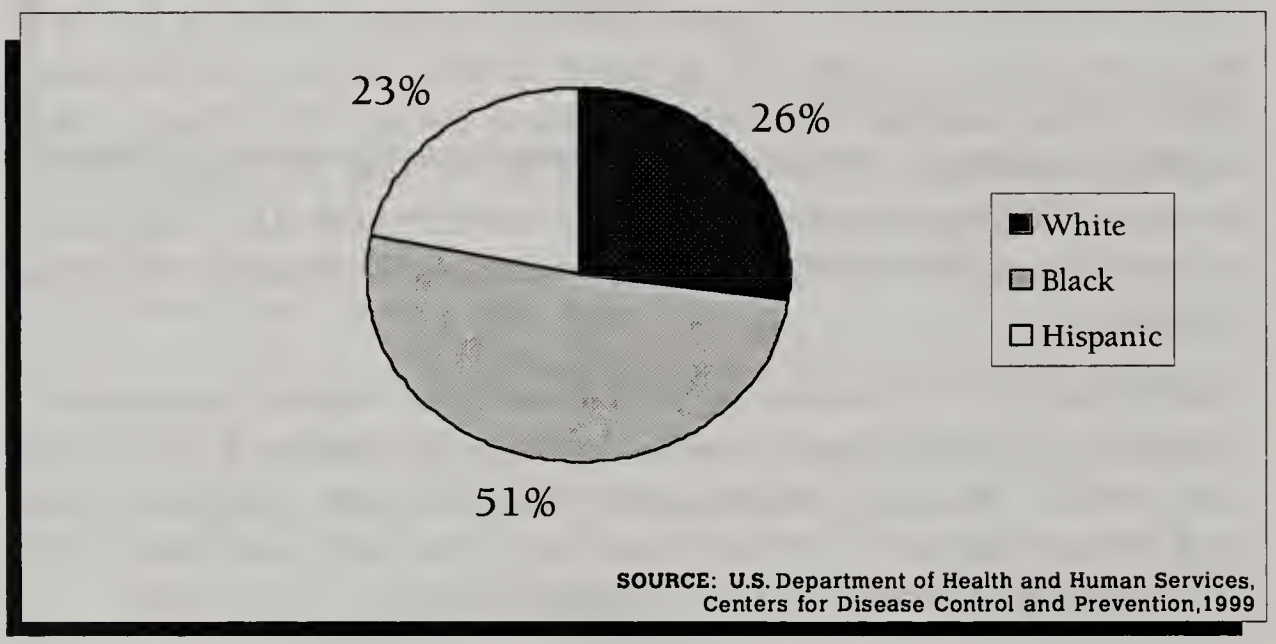
Sexual Activity

Education and prevention are crucial when Hispanic youth engage in sexual activities. Hispanic adolescent girls have the highest birth rate in the U.S. with one-third of them making their first gynecological visit for a pregnancy test compared to one-tenth of non-

Hispanic girls. Approximately one-quarter of the births in 1997 to teens aged 15-19 were to Hispanic adolescents. At the same time, sexually active Hispanic adolescent males (31.3%) are more likely to report ineffective or no contraceptive use at the time of their last sexual intercourse compared with their white peers (23.4%), (National Campaign to Prevent Teen Pregnancy, 1999).

AIDS Hispanics are disproportionately affected by AIDS (Acquired Immune Deficiency Syndrome). As seen in Figure 2–10, while Hispanic adolescents account for 13% of the population ages 13-to-19, they account for 23% of the adolescent AIDS cases (U.S. Department of Health and Human Services, Centers for Disease Control, 1999).

Figure 2–10. Adolescent AIDS Cases, 1997



SOURCE: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention,1999

Conclusion

Hispanic youth are faced with many challenges during adolescence. These include: substance and alcohol abuse, tobacco use, mental health, violence, sexual activity and AIDS.

This overview of the Hispanic population with its changing demographics tells the story of a large, diverse, youthful and growing population, that while participating in the labor force, continues to face educational and economic challenges and health disparities. All of these demographic characteristics are important factors to consider in the development of a mentoring program for careers in substance abuse and mental health.

During this critical period a mentor can make a significant difference in an adolescent's life. Not only by promoting self-esteem, but also by assisting youth through those transition periods when they are faced with difficult choices. For a brief review of this chapter see: *Tool 2-1. Overview of Hispanic Youth.*

Key Sources of Information

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Tools

2.1

Tool 2–1. OVERVIEW OF HISPANIC YOUTH

In the year 2000, 32.8 million Hispanics resided in the U.S. The major Hispanic subgroups are:

- Mexican (66%)
- Puerto Rican (9%)
- Cuban (4%)
- Central and South American (15%)
- Other Hispanic (6%)

The Hispanic population varies in terms of culture, history, socioeconomic factors and health status. Hispanics are a young population with 27% under the age of 18, and with a median age of 25.9 years. The following table provides an overview of some of the health factors that confront Hispanic youth in school.

Students in Grades 9–12 who Reported Experience with Drugs and Violence, 1997

	White	Black	Hispanic
Cigarette use on school property	15.8%	8.8%	11.9%
Smokeless tobacco use on school property	6.5	1.4	3.3
Alcohol use on school property	4.8	5.6	8.2
Marijuana use on school property	5.8	9.1	10.4
Offered, sold or given an illegal drug on school property	31.0	25.4	41.1
Felt unsafe to go to school	2.4	6.8	7.2
Carried a weapon on school property	7.8	9.2	10.4
Threatened or injured with a weapon on school property	6.2	9.9	9.0
In a physical fight on school property	13.3	20.7	19.0
Property stolen or deliberately damaged on school property	32.6	34.0	32.1

SOURCE: U.S. Department of Education, National Center for Heatlh Statistics, 2000

Preparing Hispanic health professionals is essential for meeting the substance abuse and mental health needs of the Hispanic community.

3 SUBSTANCE ABUSE AND MENTAL HEALTH CAREERS

"In order to eliminate health disparities in mental health and substance abuse, there is a need for more professionals with cultural competence skills. Morover, to effectively interact with the Hispanic community there is a need to significantly increase the number of Hispanic health professionals who can work closely with the community."

Carlos Crespo, Ph.D., MS
Epidemiologist
SUNY, Buffalo

Purpose

This chapter describes the education and training requirements needed to obtain a career in the field of substance abuse and mental health.

Introduction

Substance abuse and mental health personnel work with a variety of issues in different settings. Prevelant health concerns include: drug addiction, suicide, alcohol and tobacco abuse, emotional disabilities, domestic violence, child neglect and abuse, personality and eating disorders, gender identification, peer pressure and AIDS.

There is a clear need for increasing the number of Hispanic professionals prepared to address all of these areas.

While recent reports suggest that drug and alcohol use are declining nationwide, use of illicit substances, tobacco and alcohol continue to increase among the Hispanic community. Data from 1998 indicate that Hispanics are most likely to engage in heavy alcohol use followed by whites and blacks (The Robert Wood Johnson Foundation, 2001). Other research surveys indicate that Hispanics are over-represented in drug abuse treatment and prevention programs (Beale & Berry-Cabán, 1992; McCaughrin & Howard, 1995).

Dr. Lloyd Rogler (1996), who studied the condition of mental health among Hispanics for many years, found that Hispanics have a higher prevalence of mental disorders and they underutilize mental health facilities. To help improve the mental health status of Hispanics and to address drug abuse issues, the Hispanic community must have sufficiently trained professionals. These trained professionals should be knowledgeable about the Hispanic community, as well as be culturally and linguistically competent.

The U.S. Department of Health and Human Services (DHHS) defines cultural competency as, "behaviors, attitudes and policies that can come together on a continuum; that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interactions and settings." Cultural competency ensures an understanding, appreciation and respect of cultural differences and similarities within, among and between groups. Linguistic competency encompasses understanding the structure, modification and nature of different languages.

Hispanics in Health Care Occupations

Preparing more Hispanic healthcare professionals is essential toward addressing the substance abuse and mental health needs of the Hispanic community. Hispanics are under-represented throughout the health care workforce, particularly in professions that require extensive education (see Figure 3-1).

Figure 3–1. Hispanics 16 Years and Older Employed in Select Health Occupations

Health Occupation	Percent Hispanic
Clinical Laboratory Technologists and Technicians	6.4
Social Workers	6.4
Licensed Practical Nurses	5.8
Physical Therapists	5.4
Pharmacists	5.1
Physicians	4.8
Psychologists	4.0
Registered Nurses	3.2
Physician Assistants	2.8
Radiology Technicians	2.0
Respiratory Therapists	2.0

SOURCE: U.S. Bureau of the Census, Current Population Survey, 1998

Education Requirements

As indicated in Figure 3-2., the educational requirements for the selected 26 substance abuse and mental health careers vary depending on the career path one chooses. For example, social workers who provide counseling services need to obtain a Master's degree in Social Work (MSW) and complete a supervised training program. On the other hand, psychiatrists need many years of post-graduate education and training. A mentoring program in substance abuse and mental health can help orient youth into these career paths.

Figure 3–2. Education Required for Mental Health and Substance Abuse Careers

Health Field	Degree	Certificate or License Required	Internship Required
Clinician, Adolescent Services	MSW	✔	✔
Clinician, Therapeutic Foster Care	MSW	✔	✔
Counselor, Alchohol and Drug Abuse	BA/BS/MA/MSW	✔	✔
Counselor, Chemical Dependency	BA/MA	✔	
Counselor, Intake	BA/MA		✔
Counselor, Mental Health	MSW	✔	✔
Counselor, Residential	MSW	✔	✔
Director, Medical	MD,BA,BA	✔	✔
Director, Mental Health Services	MA/MS/MSW	✔	
Director, Substance Abuse Health Services	MA/MS/MSW	✔	
Educator, Substance Abuse	BA/MA	✔	
Emergency Medical Technology-Paramedic	AA		
Family Partnership Worker	BA/BS/MSW	✔	✔
Group Facilitator	MSW	✔	✔
Human Services Worker	OJT/AA/AS/BA/BS		
Medical Laboratory Technician	AA/BA/BS		
Nurse Practitioner	BA/BS/MA/PhD	✔	✔
Nurse, Psychiatric Mental Health	BSN	✔	✔
Nurse, Registered	AND/BSN	✔	✔
Public Health Advisor	MS/MPH		
Psychiatric Mental Health Technician	HS/OJT/AA		
Psychiatrist	MD	✔	✔
Psychologist	PhD	✔	✔
Scientist, Research and Evaluation	BA/MA/MPH/PhD/MD		
Social Worker	MSW	✔	✔
Therapist, Art, Dance, Music and Recreation	BA/MA	✔	✔
Therapist, Marriage and Family	BA/MA/MSW	✔	✔

Source: Table Compiled by ASPIRA, 2001

Abbreviation Key		Abbreviation Key	
AA	Associate in Arts	HS	High School Diploma
AE	Adult Education	MA	Master of Arts
AND	Associate Nursing Degree	MD	Doctor of Medicine
AS	Associate in Science	MPH	Master of Public Health
BS	Bachelor of Science	MS	Master of Science
BA	Bachelor of Arts	MSW	Master of Social Work
BSN	Bachelor of Science in Nursing	OJT	On-The-Job Training
		PharmD	Doctor of Pharmacy
EdD	Doctor of Education	PhD	Doctor of Philosophy

As indicated in Figure 3-3, in 1997 Hispanics received a very small percentage of college degrees:

- 8% of all associate degrees
- 5% of all bachelors' degrees
- 4% of all masters' degrees
- 2% of all doctorates awarded

These proportions have increased slightly by only 3.5% between 1977 and 1997 (U.S. Department of Education, 1999).

Figure 3–3. Degrees Conferred by Institutions of Higher Education, by Major Field of Study: 1996-1997

	Total	Hispanic	Percent Hispanic
Associate Degrees			
Biological sciences/life sciences	2,116	224	11%
Health professions and related sciences	98,921	4,606	5%
Psychology	1,612	215	13%
Total	563,620	42,645	8%
Bachelor's Degrees			
Biological sciences/life sciences	63,975	2,839	4%
Health professions and related sciences	85,631	3,152	4%
Psychology	74,191	4,934	7%
Total	1,168,023	61,941	5%
Master's Degrees			
Biological sciences/life sciences	6,466	188	3%
Health professions and related sciences	35,958	1,013	3%
Psychology	14,353	716	5%
Total	414,882	15,187	4%
Doctor's Degrees			
Biological sciences/life sciences	4,812	115	2%
Health professions and related sciences	2,672	56	2%
Psychology	4,053	156	4%
Total	45,394	1,098	2%

SOURCE: U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS), "Completions" Survey, 1999.

Preparing For Mental Health And Substance Abuse Careers

Students need to explore the full range of options available to them in substance abuse and mental health careers. They also need to explore the nature of the work environment. Nurses, psychologists, social workers, psychiatrists and health care administrators are just some of the health professionals that work with substance abuse and mental health issues. They work out of mental health clinics, hospitals, schools and community-based organizations, among other institutions. *Tool 3-4. Substance Abuse and Mental Health Employment Sectors* provides a list of institutions for students seeking to work in the substance abuse and mental health fields.

Early Academic Preparation

The process of preparing for a career in substance abuse or mental health can begin as early as elementary school. A solid academic foundation at the elementary school level lays the pathway towards a higher education. A college education builds on skills that are acquired in the first twelve years of schooling. The courses that a student takes in high school provide the foundation for advanced subjects that the student will study in college.

Students need to develop a strong academic foundation by taking challenging course work, developing good study habits and becoming involved in school and community extracurricular activities. If students do not take the right courses in middle school, they may be locked out of the college preparatory track in high school and will not be adequately prepared for college level work.

Most careers in substance abuse and mental health require a good background in Math, Science and English. The U.S. Department of Education recommends that middle and junior high school students take Algebra I in 8th grade, Geometry in 9th grade and English, Science and History or Geography every year. Foreign language and Computer Science are also recommended. At the high school level, it is also recommended that students take four years of English, four years of Math (preferably through Calculus), two years of History, Geography and Laboratory Sciences. Students should also take challenging electives, such as: Psychology, Economics or Statistics. Test taking is a necessary skill in preparing for college admission. Students should be encouraged to begin preparing for college admissions tests as early as possible. Students are also recommended to take Advanced Placement (AP) courses. These courses allow students to earn college credit while in high school.

The following Figure 3-4. provides an overview of each type of preparatory and entrance examination:

Figure 3–4. College Entrance Examinations

- **Preliminary Scholastic Aptitude Test - PSAT**

  This exam prepares students to take the actual SAT, required by most colleges for admission. Students are encouraged to take this exam in the fall semester of their sophomore or junior year. From the results, students will be able to assess their Verbal, Math and Writing skills. The more practice students have, the better they will do on the real exam. PSAT scores are often used to identify National Merit Scholarship recipients and the National Hispanic Scholars.

- **Scholastic Aptitude Test - SAT I and SAT II**

  This exam helps colleges assess student capabilities in Math, verbal and analytical skills. Colleges use these scores to assist them in determining readiness for college level work. The SAT II subject tests measure knowledge and skills in English, History and Social Studies, Mathematics, Sciences and Foreign Languages. These tests should be taken in the junior or first semester of senior year in high school.

- **American College Testing Program Assessment - ACT**

  This test is usually required by many of the mid-western, western and southern U.S. colleges. The test measures student's ability in English, Math, Reading and Science reasoning skills. Some colleges that request the ACT may also request the SAT. Students are encouraged to take the exam during their junior year.

- **Test of English as a Foreign Language – TOEFL**

  The Test of English as a Foreign Language evaluates the English proficiency of students whose native language is not English. This test should be taken in the junior or first semester of their senior year in high school.

Deciding on a College

Once a student decides to attend college, the first step is to begin looking at college catalogues in their guidance office or checking on the internet for a particular school. Students should plan to visit several of the schools that are of interest to them and speak to students and college personnel to try to get a feel for the environment. Some community-based organizations, such as ASPIRA and the Hispanic Association of Colleges and

Universities, sponsor trips for students to visit college campuses. Below are some options students may want to consider when searching for a college.

Kind of institution:

- Public or private?
- Two-year or four-year?
- Coed or single sex?
- Is it important to attend a Hispanic Serving Institution [1] or a Historically Black Institution[2]
- Religious affiliation or independent?
- Commuter or residential?

Location:

- Urban or rural?
- Close traveling distance to home or further away?
- In-state or out-of-state?
- Cost of transportation to travel to-and-from school each year?

Academic Environment:

- Does the institution offer the academic programs needed to prepare students for entering substance abuse or mental health careers?
- Are professors available for one-on-one meetings?
- Does the institution provide a writing or tutoring center?
- What are the educational qualifications of the professors?
- Does the institution have computer and math labs?
- Do they offer generous financial aid packages?
- Do they have a Support Center or Center of Excellence to help students succeed?

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[1]Hispanic Serving Institutions generally have 25% or more Hispanic students currently enrolled.

[2]Historically Black Colleges and Universities that were founded prior to 1964 and that have as their primary mission the education of African American students.

Social Support:

- Is the campus culturally diverse?
- What are the positive and negative experiences of students on the campus?
- Is there a child care center on-campus?

Overview of Training Institutions

Completing a college education rewards one with many choices for job opportunities. Parents, mentors and students should explore interests, as well as research the full range of education that specific jobs require. For example, some jobs in substance abuse and mental health fields, such as Substance Abuse Health Services Director (SAHSD) and clinical psychology, require graduate work beyond the traditional four-year degree.

The following provides an overview of two-year, four-year institutions, graduate and professional programs, as well as adult education programs.

Two-Year Community Colleges

For many Hispanics a community college or junior college is their first post-secondary experience. After successfully completing a two-year program the student receives an Associate of Arts (AA) or an Associate of Science (AS) degree. In addition to career and technical education, community colleges generally offer the first two years of academic course work needed to transfer to a four-year institution.

Community colleges are often seen as a practical option for many Hispanic students since:

- They are closer to home
- They generally have smaller classes
- They offer the student the opportunity to take basic courses that they may have missed in high school
- They are less expensive than four-year institutions
- They offer flexible schedules
- They offer short term technical programs

Many community colleges offer career programs that are related to substance abuse and mental health. Upon completion of these programs, they often place students directly into the work force.

Below is a partial list of these careers (see also Figure 3-2):

- Human Services Worker
- Psychiatric Mental Health Technician
- Medical Laboratory Technician
- Creative Arts Therapist
- EMT Paramedic
- Registered Nurse

Community colleges serve an important role in helping students achieve an AA degree, or an AS degree, one of the first steps in obtaining a college education. However, it should be noted that, many Hispanics who start a post-secondary education at a community college never continue on to a four-year institution.

Four-Year Undergraduate Institutions

The Bachelor of Arts (BA) and the Bachelor of Science (BS) are the most common degrees. While policies vary, the Bachelor of Science is awarded in the sciences and in professional and technical fields of study. The Bachelor of Arts degree is awarded more often in the humanities, fine arts and liberal fields of study.

The benefits of attending a four-year college include:

- A safe educational environment for students away from home
- Opportunities for career advancement
- Graduates enter positions with a wide range of responsibilities within a work-setting

Although some institutional policies and programs differ, the following are examples of careers offered by four-year undergraduate institutions in substance abuse and mental health (see also Figure 3-2):

- Substance Abuse Educator
- Nurse Practitioner
- Health Services Administrator
- Alcohol and Drug Abuse Counselor

Graduate and Professional Programs

Graduate and professional programs, offered by four year colleges and universities, vary in length and may lead to a master's degree, a doctorate, or a professional degree. The Master of Arts (MA) or Master of Science (MS) are the first graduate degrees in liberal arts or sciences and usually take from one to two years of study to complete.

Doctoral degree programs normally consist of course work and independent research, with a dissertation or other formal presentation generally including a research investigation during the last two years of study. Doctoral programs include the Doctor of Philosophy (PhD) awarded in the humanities, arts and sciences; or other doctoral areas, such as: the Doctor of Education (EdD) or Doctor of Public Health (DPH). Professional programs generally require from two to four years of undergraduate education and a total of at least six years of graduate education, such as the Doctor of Medicine (MD).

Among the benefits of a graduate or professional degree are the following:

- A wide range of opportunities for career advancement
- A wide range of responsibilities
- Skills acquired can be extensive
- A high level of involvement in leadership responsibilities
- Immeasurable impact on the lives of others
- Financial rewards

Examples of related substance abuse and mental health prevention careers that require graduate and professional degrees include (see also Figure 3-2):

- Psychologist
- Physician
- Health Services Director
- Marriage and Family Therapist
- Therapeutic Foster Care Clinician
- Adolescent Services Clinician

Adult Education and Technical Programs

It is never too late to begin preparation for a career in substance abuse or mental health. Due to the fast changing nature of the professions and the work environment, an on-going learning process is constantly needed. Adult education and technical programs offer one way to prepare for an entry-level position in substance abuse or mental health. This is an option for many Hispanic adults who may choose not to attend college.

Many adult education and technical programs focus on the entry-level skills needed for a career in substance abuse and mental health. Participation in adult education and technical programs enables Hispanic adults to attain satisfying jobs in health care and in the workforce. Adult education and technical courses are of short duration and are generally held at community colleges, community-based organizations, or in the workplace.

The following are examples of training programs offered by adult education and technical institutions that are related to substance abuse prevention and mental health fields (see also Figure 3-2):

- Human Services Worker
- Emergency Medical Technology Paramedic
- Medical Laboratory Technician
- Psychiatric Mental Health Technician

For more information on the educational requirements of specific jobs, students can contact their guidance counselor, or check *The Occupational Outlook Handbook* (2000-01) in their local library. Another excellent source is *270 Ways To Put Your Talent To Work In The Health Field* (1998).

Conclusion

Mentors can make a difference in the lives of Hispanic youth by teaching them to see the variety of options available for their future and providing exposure to various careers in substance abuse and mental health. Mentors can also play an important role in assisting youth with the post-secondary admissions process.

Hispanic youth need to know about institutions that can prepare them for these professions, including: community colleges, four-year undergraduate institutions and graduate professional programs.

Depending on the student's individual circumstances, institutions, such as adult education centers and community colleges are geared towards students who do not think they are ready for a four-year undergraduate experience. These programs usually offer the student an opportunity to obtain an Associate of Arts (AA), an Associate of Science (AS) degree, or to be certified in a field of study.

If a student chooses to climb the higher education ladder, four-year undergraduate institutions offer students the Bachelor of Arts (BA) or the Bachelor of Science (BS) degree. Graduate and professional programs offer more advance degrees.

Increasing the education, training and recruitment of Hispanics into health professions will lead to a work force that's more adequately reflective of the rich diversity in this country and showcase their potential to serve our Nation's people.

The tools section that follows provides information on 26 different careers directly related to the field of substance abuse and mental health. This is followed by a section on careers that are ancillary-related.

- Tool 3-1. Preparing Hispanics for Substance Abuse and Mental Health Careers (p. 39)
- Tool 3-2. Careers Directly Related To Substance Abuse and Mental Health (pp. 40-57)
- Tool 3-3. Careers Ancillary to Mental Health and Substance Abuse Prevention (pp. 58-63)
- Tool 3-4. Substance Abuse and Mental Health Employment Sectors (pp. 64-66)

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TOOL 3-1. PREPARING HISPANICS FOR SUBSTANCE ABUSE AND MENTAL HEALTH CAREERS

There are many career choices available in the substance abuse and mental health fields. Yet Hispanics continue to be underrepresented in these areas. Hispanic youth interested in a career in substance abuse and mental health should begin exploring their options as early as elementary school. A college education builds on the skills acquired the first twelve years of schooling.

Hispanic youth are encouraged to develop a strong academic foundation by excelling in challenging course work, developing good study habits and becoming involved in school and community extracurricular activities. Taking the right courses in middle school can prepare them for the upper division courses in high school and eventually for college level work.

Once a decision is made to attend college, a good first step is to begin looking at college catalogues or go on-line to research a particular school. Students that do not have access to a computer at home can go to their career center at school or use the internet access available at local libraries. Hispanic youth should also visit several schools that are of interest to them and speak to students and college personnel to get a feel for college life.

Hispanic youth need to be aware of the many options available to them, for example: public or private college, two-year or four-year college, coed or single sex, a Hispanic Serving Institution or a Historically Black Institution, a religious affilation or independent, commuter or residential. Other options to consider are location, the academic environment and social support.

Preparing more Hispanic healthcare professionals is essential towards addressing the substance abuse and mental health needs of the Hispanic Community. Furthermore, cultural and linguistic competency must be an important part of this effort because it allows people to develop and expand their knowledge,language, respect and sensitivity for cultural diversity.

TOOL 3–2 CAREERS DIRECTLY RELATED TO MENTAL HEALTH AND SUBSTANCE ABUSE

CLINICIAN,ADOLESCENT SERVICES (ASC)

Adolescent Services Clinicians (ASCs) are responsible for delivering treatment to adolescents in a substance abuse or mental health setting.

Nature of Work

The responsibilities of an Adolescent Services Clinician generally include: overseeing all clinical services (i.e.: treatment planning, clinical and educational groups, individual and family therapy, observation of behavioral services and clinical documentation). ASCs may also collaborate with the juvenile court system.

Qualifying Criteria

A bachelor's or master's degree in social work is generally required. Experience with adolescents with substance abuse and mental health issues is generally required.

Salary Expectations

Salary ranges between $20,200 and $32,100 per year based on education.

CLINICIAN, THERAPEUTIC FOSTER CARE (TFCC)

Therapeutic Foster Care Clinicians (TFCC) work with parents and youth, while additionally providing direct client caseload services.

Nature of Work

TFCCs help youth, their families and foster families cope with substance abuse and mental health issues and with situations such as: homelessness, child and spousal abuse and child neglect. TFCCs counsel and encourage youth to join programs that facilitate their continued involvement in various substance abuse and mental health programs through education, advocacy, case management, community referrals and providing home-based services to parents and children.

Qualifying Criteria

A master's degree in a mental health discipline is generally required for this career. TFCCs should also have experience working with abused and neglected children.

Salary Expectations

Salary ranges from $29,000 for non-licensed to $45,000 for licensed staff.

COUNSELOR, ALCOHOL AND DRUG ABUSE (AODA)

Alcohol and Drug Abuse Counselors work with a team of substance abuse, mental health and social services professionals to provide substance abuse treatment services. These services generally include drug and alcohol assessment, treatment, education, referral, prevention and rehabilitation for adolescents and families affected by alcohol and drug abuse. AODA's are sometimes called Chemical Dependancy Therapists.

Nature of Work

AODA Counselor guides drug users, family members and associates using various strategies and treatments, to teach them how to cope with the effects of rehabilitation. They instruct patients on education, outreach, therapeutic intervention and diagnostic procedures. They also act as a liaison to the community health, law enforcement, social and legal services available through government and non-profit organizations.

Qualifying Criteria

An AODA Counselor has knowledge of clinical evaluation approaches. They provide case management services, that include the coordination of available resources to focus on implementation and evaluation of their patient's on-going treatment plan. Conselors should possess expansive knowledge of chemical dependancy treatments and an understanding of individualized treatment for persons affected by chemical dependancy.

A bachelor's or master's degree is required. Some employers also require obtaining an International Certification Reciprocity Consortium Counseling Licensure.

Salary Expectations

Salary ranges between $27,000 and $31,000 per year based on education, employer and length of employment.

COUNSELOR, CHEMICAL DEPENDENCY (CDC)

Chemical Dependency Counselors (CDCs) provide substance abuse assessments for individual, group and family counseling along with educating youth and adults referred through the juvenile justice system, schools and other referral sources.

Nature of Work

CDCs provide assessments, determine treatment plans and make referrals for substance abusers and their families. They provide education, prevention, treatment and support to substance abusers and families through individual, group and family therapy prevention, case management services and actively promote youth substance abuse programs to families and individuals. In addition, they develop and maintain relationships with other professionals, schools, institutions and agencies, implementing substance abuse services via education, prevention, outreach, support and treatment.

Qualifying Criteria

A bachelor's or master's degree is required to be a chemical dependency counselor. Family counseling licensure is also normally required.

Salary Expectations

Salary ranges between $23,000 and $31,000 per year.

COUNSELOR, INTAKE (IC)

Intake Counselors generally staff and manage crisis lines and provide support to hospitals and clinics.

Nature of Work

Intake Counselors conduct brief telephone assessments, perform crisis intervention and refer patients to provider networks and to community resources. These positions are ideal for professionals seeking to provide support in substance abuse or mental health, or those who require time flexibility to pursue continual study.

Qualifying Criteria

A master's degree in a mental health discipline and two years of clinical experience is generally required for this career.

Salary Expectations

The salary range for an Intake Counselor is between $35,000 and $45,000 per year.

COUNSELOR, MENTAL HEALTH (MHC)

Mental Health Counselors (MHC) work with people to promote positive mental health. MHCs help families work through conflicts by improving communication and relationships.

Nature of Work

MHC Counselors can help physically, emotionally, mentally, or socially impaired people become more self-sufficient. Mental Health Counselors work with clients who struggle with substance abuse, family and marital problems, stress, aging and other issues. MHC Counselors work together with other professionals to assist patients in improving their mental health.

MHCs generally specialize in the following areas: career counseling, gerontological counseling, mental health, rehabilitation and school counseling. The working environment for a counselor today varies from schools, colleges and universities to community mental health centers, from social agencies to prisons, halfway houses, drug rehabilitation centers, hospitals, or nursing homes.

Qualifying Criteria

A master's degree in a mental health discipline and two years of clinical experience are generally required for this career.

Salary Expectations

The salary range for this position is between $24,000 and $35,000 per year based on education and employer.

COUNSELOR, RESIDENTIAL/SUPERVISOR (RC/S)

Residential Counselor/Supervisors (RC/S) provide daily supervision of patients, training and oversee the work of residential couselors and support staff.

Nature of Work

Residential Counselor/Supervisors assess the needs and establish the eligibility of patients for benefits or services, while maintaining the individual's rights by complying with all applicable laws and regulations. RC/Ss also provide direct care service to patients with mental health disorders.

Residential Counselor/Supervisors play a variety of roles in the community. They organize and lead group activities, assist patients in need of counseling or crisis intervention and may administer and organize food banks, emergency fuel programs, or various other programs.

Qualifying Criteria

Generally Residential Counselors/Supervisors have a master's degree in social work, mental health counseling, or psychology.

Residential Counselors should possess the ability to gain confidence, inspire respect and trust in their patients.

Salary Expectations

The salary range for this career is between $30,000 and $51,900 per year based on education, experience and employer.

DIRECTOR, MEDICAL (MD)

The Medical Director is the management senior clinical practitioner. Medical Directors generally supervise clinics and hospital clinical staff.

Nature of Work

Medical Directors are very recognized members in their community. Medical Directors (MD) in the substance abuse and mental health fields practice in either a hospital or clinic and have oversight for all activities conducted.

Qualifying Criteria

Most Medical Directors are required to have managed care experience. Medical Directors must hold a Doctor of Medicine degree (MD) before they are qualified for medical practice and should have served as physicians in a hospital or clinical setting for generally more than five years.

Salary Expectations

Salary ranges between $100,000 and $175,000 per year depending on the size of the facility, budget, region and administrative experience.

DIRECTOR, MENTAL HEALTH SERVICES (MHSD)

The Mental Health Services Director is a senior management practitioner that supervises managerial and clinical staff.

Nature of Work

The Mental Health Services Director (MHSD) is a senior management position that supervises the provision of mental health.

Nature of Work

The MHSD is responsible for the clinical and administrative management of mental health services provided to families and children. In directing clinical activities, the Mental Health Services Director generally operates in coordination with the Chief Psychiatrist and other personnel and is also responsible for overseeing various mental health programs. The Mental Health Services Director is also responsible for ensuring the oversight of services provided by contracting agencies (primarily residential), as well as the assessment

of unmet needs and gaps in services. The MHSD also interprets government regulations and implements public policy into their employing organization.

Qualifying Criteria

Normal requirements for this career are a master's degree in a clinical discipline such as counseling, psychiatric social work, psychology, art therapy, psychiatric nursing, or other specialities, all of which require a clinical practice involving diagnostic and treatment services. Three years of post-master's degree in providing direct clinical supervision and program management of mental health services are also general pre-requisites.

Salary Expectations

Salary ranges between $57,500 and $87,000 per year.

DIRECTOR, SUBSTANCE ABUSE HEALTH SERVICES (SAHSD)

The Substance Abuse Health Services Director (SAHSD) is a senior management position that supervises the provision of substance abuse services.

Nature of Work

The SAHSD is responsible for the clinical and administrative management of substance abuse treatment services provided to adults and adolescents. In directing clinical activities, the Substance Abuse Health Services Director generally operates in coordination with the Chief Psychiatrist and/or personnel and is also responsible for overseeing various substance abuse programs. The SAHSD is also responsible for ensuring the oversight of services provided by contract agencies, as well as the assessment of services. The SAHSD also interprets government regulations and implements public policy in employing organizations.

Qualifying Criteria

Normal requirements for this career are a master's degree from an accredited college or university in a clinical discipline such as counseling, psychiatric social work, psychology, art therapy, psychiatric nursing, or other directly related clinical discipline, all of which require a clinical practice involving diagnostic and treatment services. Three years of post-master's degree in providing direct clinical supervision and program management of substance abuse and mental health services are also general prerequisites.

Salary Expectations

Salary ranges between $57,500 and $87,000 per year.

EDUCATOR, SUBSTANCE ABUSE (SAE)

Substance Abuse Educators (SAE) provide the public and targeted population groups with information on substance abuse and mental health issues. Related careers include: Public Health Educators and School Health Educators.

Nature of Work

Most of the issues Substance Abuse Educators address are related to an individual's life-style and health behaviors, including: alcohol, smoking, stress and substance abuse. Substance Abuse Educators analyze the problems within a community and develop strategies for addressing those problems. They coordinate resources, develop and distribute substance abuse information and conduct research. The goal is to help prevent disease and promote healthy living by educating and counseling the public.

Qualifying Criteria

Training programs are available at both the graduate and undergraduate level. Substance Abuse Educators generally obtain a bachelor's degree in health education. Public Health Educators and School Health Educators usually have a master's degree or a doctoral degree.

Salary Expectations

The salary range for this career is between $27,000 and $40,000 per year based on education, employer and geographic location.

EMERGENCY MEDICAL TECHNOLOGY PARAMEDIC (EMT-Paramedic)

EMT-Paramedics have technical knowledge and skills to carry out effective emergency procedures, while understanding how and when to implement those procedures.

Nature of Work

EMT-Paramedics respond to calls related to crisis intervention in substance and mental health situations, as well as provide accident and critical recovery assistance to the police and fire department.

EMT-Paramedics provide extensive pre-hospital care. EMT-Paramedics may administer drugs orally and intravenously, interpret EKG and use monitors and other complex equipment.

Qualifying Criteria

EMT-Paramedics have knowledge and clinical hands-on experience, that allows them to be effective Emergency Medical Technicians. Certification as EMT-A (Ambulance Attendant) and EMT-P (Ambulance Paramedic) is required, as well as two or more years of experience in

the field and current certification in CPR. Most employers ask that you receive an accredited college, university, or vocational training certificate for the job.

Salary Expectations

The salary range for this career is between $28,900 and $45,000 per year based on experience.

FAMILY PARTNERSHIP WORKER (FPW)

Within a mental health setting, Family Partnership Worker(FPW) help to ensure that families can transition from critical and traumatic situations into healthier environments through counseling and guidance.

Nature of Work

Family Partnership Workers help families cope with situations, such as substance abuse, homelessness, recent immigration and spousal abuse. FPWs counsel parents and children into programs that facilitate their continued involvement in various substance abuse and mental health programs through education, advocacy, case management, community referrals and by providing home-based services to parents and children.

Qualifying Criteria

A bachelor's degree in social work, or in a related field is required including: one to two years of social service experience with families, knowledge of child development, excellent communication skills, experience with families having multiple problems, knowledge of local community-based organizations and group facilitation skills are generally required.

Salary Expectations

The average salary is $28,000 per year based on experience and education.

GROUP FACILITATOR (GF)

Group Facilitators (GFs) work in institutions and private practice outpatient settings.

Nature of Work

GFs usually work as a member of a multi-disciplinary team, including chemical dependency, psychiatry and behavioral health. Responsibilities generally, include facilitating intervention groups and maintaining participant records in accordance with the employing organization guidelines.

Qualifying Criteria

Certification as a Group Facilitator requires a year of experience. The most basic training and entry level position requires a bachelor's degree in social work (BSW) and a master's degree in social work (MSW) is necessary for some professional positions mental health settings.

Salary Expectations

The salary range for this career is between $30,000 and $35,000 per year based on experience and education.

HUMAN SERVICES WORKER (HSW)

Human Services Workers (HSW) encompass a broad range of careers in social work, mental health and general rehabilitation. Some job titles that fall under this heading are Social Service Assistant, Child Care Worker, Gerontology Aide, Community Support Worker, Life Skills Counselor, Case Management Aide and Social Work Assistant.

Nature of Work

The responsibilities and work settings for this position vary. Generally, Human Service Workers counsel clients on life-style and coping habits, coordinate group and community activities and keep an accurate record of client progress. Human Services Workers in the substance abuse and mental health field supplement nursing duties, deal directly with psychological issues, or coordinate the acitivities of a rehabilitation program or counseling center.

Group homes, hospitals, clinics and shelters all require the skills of HSWs. Government agencies, public welfare agencies and private human service agencies employ Human Service Workers as Planners, Coordinators, Project Managers and Field Workers. Usually, Human Service Workers work a 40-hour week and business hours are more suited to some careers, while in-home or hospital workers may have evening, late night, or weekend shifts.

Qualifying Criteria

A certificate, an associate's degree, or a bachelor's degree, qualifies the holder for positions in management, or worker supervision, as well as for direct contact with clients. Those seeking administrative positions usually need a master's degree. Generally employers prefer college degrees in social work, psychology, or behavioral science.

Salary Expectations

Salaries range is between $25,000 and $40,000 per year.

MEDICAL LABORATORY TECHNICIAN (MLT)

Medical Laboratory Technician (MLTs) work under the supervision of Medical Technologists in performing routine clinical laboratory tests on blood, tissue and body fluids which help in the diagnosis and treatment of patients.

Nature of Work

MLTs collect blood samples, prepare chemical solutions, prepare and analyze specimens, enforce quality control measures, maintain equipment, keep records of laboratory tests and report results to Medical Technologists, Registered Nurses, or Physicians. MLTs use laboratory instruments ranging from microscopes and computers to automatic analyzers in the areas of chemistry, hematology, urinalysis, blood banking, immunology and microbiology.

Qualifying Criteria

A two-year associate's degree is generally required to work as a Medical Laboratory Technician (MLT). However, there are certificate programs offered by hospitals and adult education centers.

Salary Expectation

Salaries for Medical Laboratory Technicians average about $27,000 per year.

NURSE PRACTITIONER (NP)

Nurse Practitioners (NPs) are Registered Nurses (RNs) who provide patient health services to maintain health, prevent illness, or deal with acute or chronic health problems. NPs often work in substance abuse and mental health treatment settings.

Nature of Work

Nurse Practitioners specialize in various areas of mental health such as: substance abuse, treatment/recovery and mental health counseling. Generally a NP has expertise in adult, family, school, pediatric, women's and gerontological health and acute care. While duties may remain similar in each category, patients do differ and NPs should have the ability to deal with each.

The most common work settings for Nurse Practitioners are in hospitals and doctor's offices. Other settings, include: community centers, public health departments, HMOs, schools of nursing, women's health centers, clinics and governmental health agencies.

Qualifying Criteria

A licensed NP possesses hands-on experience acquired through training. This experience is required of most RNs to be accepted into a Nurse Practitioner training program. Those RNs accepted will usually receive a

master's degree upon completion. The national certification program exam is individualized by specialty and successful completion confers certified Nurse Practitioner status.

Salary Expectations

The salary range for this position is between $50,000 and $65,000 per year based on experience, education and employer.

NURSE, PSYCHIATRIC MENTAL HEALTH (PMHN)

Psychiatric Mental Health Nurses (PMHN) provide treatment, care and support for patients with emotional, mental and behavioral problems.

Nature of Work

PMHNs help identify patient's problems. PMHN's also observe and report on the condition of patients, work within a team of health care providers to treat and help patients with self-care and other daily activities. Also PMHNs give patients advice and support, run therapy groups and visit patients in the community.

Qualifying Criteria

PMHNs need to know about psychiatric disorders, nursing methods, counseling and therapy and the effects of medicines and treatments on patients.

PMHNs need to be skilled in mental health issues and have good communication. PMHNs also need strong decision-making skills and organizational skills.

A bachelor's degree in Nursing from an accredited program and successful completion of a national licensing examination is required. In addition, two or more years focused study or experience is generally necessary for this career.

Salary Expectations

The salary range for this career is between $30,000 and $50,000 per year based on experience and education.

REGISTERED NURSE (RN)

Registered Nurses (RNs) care for patients, and promote their physical, mental and social well being. Nurses are called upon to perform a wide range of services requiring a high level of knowledge and judgment.

Nature of Work

RNs in the mental health and substance abuse field understand, administer and evaluate the effects of a wide range of medications. Registered Nurses also participate in patient care evaluation, discharge

planning and patient education. Registered Nurses are responsible for assisting the patient in life-styles changes and promoting self-care for patients with chronic health concerns.

Qualifying Criteria

An individual entering the nursing profession should have a sincere interest in people and a desire to practice professional nursing in a manner that best promotes the patient's well-being.

A licensed Registered Nurse requires graduation from an accredited nursing school and the successful completion of a national licensing examination. Approximately 70% of RNs graduate with an associate's degree of nursing. Another option is the bachelor of science degree offered at four year institutions.

Salary Expectations

RNs earn an average income of $33,000 per year.

PUBLIC HEALTH ADVISOR (PHA)

Public Health Advisors (PHA) generally work for federal, state and local governments, as well as privately owned research organizations and associations.

Nature of Work

Major responsibilities include: policy analysis and development, strategic planning, program development, monitoring and reporting, grant application development and development of workshops and training events related to substance abuse and mental health.

Qualifying Criteria

A bachelor's, master's or doctorate degree in public policy, public health, public administration, or other health or related field, and a minimum of two years of professional experience are the general requisites of this career. Having a strong working knowledge of the operations, goals and objectives of state and federal health departments and background and experience in the substance abuse and mental health field are highly desired qualifications. A Senior Public Health Advisor, generally requires a master's degree or a doctoral degree.

Salary Expectations

An entry-level position earns between $25,000 and $30,000 per year, A Senior Public Health Advisor can earn up to $125,000 per year.

PSYCHIATRIC MENTAL HEALTH TECHNICIAN (PMHT)

Psychiatric Mental Health Technicians (PMHTs) work in the psychiatric department of a general hospital, a psychiatric hospital, mental health clinic, or in a specialized nursing home performing a wide variety of tasks under the supervision of a professional Nurse.

Nature of Work

Psychiatric Mental Health Technicians provide general psychiatric nursing care to patients with mental and emotional disorders. Responsibilities cover a wide range of duties and can include: interviewing and recording patient and family histories; basic nursing techniques (vital signs, dressing application, assisting with medications); personal care (feed, shave, lift, move and dress patients); observation to report valuable information to other members of professional staff; participating in development and implementation of patient treatment plans; and leading individual or group counseling sessions and therapy activities.

Job responsibilities can also include: transporting patients, assisting with personal care and hygiene, encouraging patient participation in recreational and social activities and escorting patients to outside activities (dental appointments, church, athletic events, etc.).

PMHTs in a supervisory capacity plan, assign and review the work of subordinates; prepare records; requisition supplies; and perform a variety of related tasks to keep the ward activities coordinated and organized. PMHTs may also specialize in chemical dependency.

Qualifying Criteria

Educational requirements vary. PMHTs may receive on-the-job training through hospitals or mental health facilities, adult education centers and community colleges. PMHTs may also be trained on-the-job in a one-year formal training program.

Salary Expectations

The salary range for this career is between $25,000 and $30,000 per year.

PSYCHIATRIST

Psychiatrists are physicians that diagnose, treat and work to prevent mental illness, disease, or injury. Psychiatrist perform physical examinations, diagnose and treat illnesses, injuries and disorders.

Nature of Work

Psychiatrists prescribe and administer medications and treatments, provide immunization services and conduct research to aid in disease control or the development of new treatments. They are specialized physicians that treat mental illness and substance abuse among

patients. The Child and Adolescent Psychiatrist assists parents and families in understanding developmental, behavioral, emotional and mental disorders affecting children and adolescents.

Qualifying Criteria

The educational requirements for Psychiatrists generally require four years of college and a Doctor of Medicine degree (MD) plus two or more years of residency training.

Salary Expectations

The salary range for this career is between $76,000 and $160,000 per year, depending on patient base, employer (mainly self-employment, governmental agency or private hospital), education and amount of expertise.

PSYCHOLOGIST

Psychologists attempt to understand people, their capacities, traits and behaviors. Psychologists are concerned with finding, preventing and treating emotional and mental disorders and helping clients to develop more rewarding lives.

Nature of Work

Psychologists work directly with their patients. Their responsibilities often include: interviewing, taking histories, administering diagnostic tests and observing the patient's behavior in order to help them with their problems. Psychologists often collaborate with physicians and other health team members in developing treatment programs. Psychologists may teach, conduct research and work as consultants.

Areas of Practice

Clinical Psychologists assess and treat mental, emotional and behavioral disorders. These range from short-term crises such as difficulties resulting from adolescent rebellion to more severe, chronic conditions, such as schizophrenia.

Counseling Psychologists help people accommodate to change, or make changes in their life-style. For example, they provide vocational and career guidance to help clients come to terms with the death of a loved one. They help students adjust to college and help people to stop smoking or overeating.

Developmental Psychologists study the psychological development of the human being that takes place throughout life. Until recently, the primary focus was on childhood and adolescence, but as life expectancy increases, Developmental Psychologists are becoming increasingly interested in aging, especially in researching and developing ways to help the elderly stay as independent as possible.

Educational Psychologists concentrate on how effective teaching and learning takes place. They consider a variety of factors such as: human abilities, student motivation and the effect on the classroom on the diversity concerning cultures.

Forensic Psychologists apply psychological principles to legal issues. Their expertise is often essential in court. They can for example: help a judge decide which parent should have custody of a child, or evaluate a defendant's mental competence to stand trial. Some Forensic Psychologists are trained both in psychology and the law.

Health Psychologists are interested in how biological, psychological and social factors affect health and illness. They identify the kinds of medical treatment people seek and get, how patients handle illness, why some fail to comply with medical advice and the most effective ways to control pain or to change poor health habits.

Industrial/Organizational Psychologists apply psychological principles and research methods to the work place in the interest of improving productivity and the quality of work life. Many serve as Human Resource Specialists, helping organizations with staffing, training, employee development and management in such areas as: strategic planning, quality management and coping with organizational change.

Neuropsychologists explore the relationships between brain systems and behavior. For example: Neuropsychologists may study the way the brain creates and stores memories, or how various diseases and injuries of the brain affect motion, perception and behavior.

Quantitative and Measurement Psychologists focus on methods and techniques for acquiring and analyzing psychological data. Some develop new methods for performing analysis; others create research strategies to assess the effect of social and educational programs and psychological treatment.

Rehabilitation Psychologists work with stroke and accident victims, people with mental retardation and those with developmental disabilities caused by such conditions as: cerebral palsy, epilepsy and autism. They help clients adapt to their situation.

School Psychologists work directly with public and private schools. They assess and counsel students, consult with parents and school staff and conduct behavioral intervention when appropriate.

Social Psychologists study how a person's mental life and behavior is shaped by interactions with other people. They are interested in all aspects of interpersonal relationships, including both individual and group influences and seek ways to improve such interactions.

Qualifying Criteria

Most positions require a doctoral degree while some positions will consider a master's degree and an internship. To become licensed as a Psychologist, you should have a doctorate in psychology. Requirements usually include practical experience in an applied setting and research.

Salary Expectations

Psychologist's earnings vary by sub-specialty and educational level. Psychologists with a master's degree usually earn an average between $38,000 and $43,000. Those with a doctoral degree earn over $55,000.

RESEARCH AND EVALUATION SCIENTIST (RES)

The duties of a Research and Evaluation Scientist (RES) range according to the level of education obtained and work setting. Research and Evaluation Scientists work in substance abuse and mental health settings in organizations that range from clinics and hospitals to government offices, associations and consulting companies.

Nature of Work

RESs design, conduct and manage the evaluation of substance abuse and mental health programs. They conduct needs assessment studies, analyses of programs, provide technical assistance and consultation and develop assessment instruments.

They also communicate the results of research studies through scholarly publications and presentations.

Qualifying Criteria

RESs should have a master's degree or doctorate in political science, sociology, education, urban studies or public health.

Salary Expectations

The salary range is between $35,000 and $48,100 per year.

SOCIAL WORKER (SW)

Social Workers (SW) help individuals, families and groups cope with emotional and social problems such as: family issues, substance abuse, emotional and mental health issues.

Nature of Work

Social Workers generally perform a range of responsibilities placing them in direct contact with individuals and families. Direct practice is face-to-face counseling either in the social worker's office, the hospital, the client's home, the school, or other settings. They identify and pull together the services needed by the client and then provide counseling and follow-up to see that the needed services are actually obtained.

The different fields of specialty in social work are: child welfare, family services, mental health, school social work, criminal justice, child and adult protective services, occupational social work and public policy.

Social Workers review eligibility requirements, assist clients to fill out applications, arrange transportation to neccessary substance abuse and mental health centers and visit clients to make sure they are getting the needed help. Social Workers are also involved in therapy, rehabilitation, or recreation with groups in agencies, private practice, community centers, settlement houses and schools.

Qualifying Criteria

Most training and entry level positions require a bachelor's degree in social work. A master's degree in social work (MSW) is necessary for professional social work positions in health and mental health settings.

Salary Expectations

The salary range for this career is between $25,000 to $35,000 per year.

THERAPIST, ART, DANCE, MUSIC AND RECREATIONAL

Art, Dance, Music and Recreational Therapists use art, dance, music and recreation to promote positive changes in the mental health of clients.

Nature of Work

These therapies involve the application of principles and techniques of each art form to accomplish improvements in mental health.

These therapies often serve as an integral part of a larger treatment program and in some cases, act as the primary method of therapy. These therapies are also prevalent in treating mental health patients.

Qualifying Critera

Generally a master's degree and certification are required. Some programs may require a clinical internship or advanced education.

Salary Expectations

The salary range for these fields vary by specialization, with the average ranging from $25,000 to as much as $50,000.

THERAPIST, MARRIAGE AND FAMILY (MFT)

Marriage and Family Therapists (MFT) can make a positive difference in promoting the well-being of families. They work in a variety of settings, including: hospitals, clinics, social service agencies, churches, educational institutions and private practice. This career is recognized as a core mental health discipline and is one of the fastest growing disciplines in the field of mental health.

Nature of Work

MFTs provide clinical services for patients, maintain psycho-educational environments and act as a member of a multi-disciplinary clinical team. MFTs also provide training to individuals regarding chemical dependency rehabilitation.

Qualifying Criteria

MFTs should possess excellent communication skills and application skills to create and present chemical dependency issues and related topics to parents in a simple and precise way. MFTs should also have expansive knowledge of family dynamics and group facilitations skills.

Most employers look for staff with a master's degree in areas of theory and practice in marriage and family therapy. A doctoral degree prepares students for advances in clinical practice, research and supervision. A post-graduate degree in clinical training programs is required to provide clinical education in marriage and family therapies to trainees in marriage and family therapy.

Salary Expectations

The salary range is between $30,100 and $65,000 per year based on education, experience and employer.

Tool 3–3 Careers Ancillary to Mental Health and Substance Abuse Prevention

ADMISSIONS/REGISTRATION PERSONNEL (A/RP)

The Admissions/Registration Department is usually a patient's first stop when entering a substance abuse or mental health hospital or clinic.

Admissions and Registration Personnel (A/RP) affect not only the patients, but also the clinical and hospital staff that serves them. The data collected during the admissions process are vital to the quality of care provided and to the financial status of the hospital or clinic.

Admissions/Registration Personnel arrange for the admission of patients, assign rooms, notify the appropriate hospital department of the patient's admission, prepare and maintain records of admission, transfer and discharge.

A/RP generally have a high school diploma and are usually trained on-the-job. While college training is not necessary, it is desirable for managers to have some knowledge of business administration, personnel practices, psychology, and sociology.

The salary range for this position is between $25,000 and $35,000 per year based on experience, geographic location and employer.

CERTIFIED NURSE ASSISTANT (CNA)

Certified Nursing Assistants (CNA) generally help care for individuals confined to hospitals, nursing, or residential care facilities and mental health settings. Certified Nursing Assistants work under the supervision of nursing and medical staff. General duties require personal patient care and clinical support functions. Clincal duties include: taking vital signs, massages, helping patients to become ambulatory and observing signs of medical change.

CNA training is offered by high schools, adult education centers and community colleges. The time frame is usually six to eight weeks in length.

The average salary is $15,000 per year. Earnings vary by location, institution and experience.

CONSUMER AFFAIRS SPECIALIST (CAS)

Within substance abuse and mental health settings, Consumer Affairs Specialists (CAS) are responsible for providing consumer information and development of education programs ensuring that the consumer is integrated in agency communications and programs related to these fields.

Consumer Affairs Specialists generally work with individuals and external groups in the development and dissemination of substance abuse and mental health information. CASs often use electronic communications and other tools, such as: fact sheets, brochures, policy papers, consumer newsletters, journal articles and other publications, to provide information to consumer audiences involved in substance abuse and mental health treatment. The Consumer Affairs Specialist is also responsible for developing strong linkages with external organizations and for making presentations to professional groups and the general public.

Educational requirements vary; however, a bachelor's degree is generally required with a preference for a master's degree in public heath or a related field.

Salary ranges between $27,000 and $40,000 per year, based on education, employer and geographic location.

FORENSIC SOCIAL WORKER (FSW)

Forensic Social Workers (FSW) apply social work to questions and issues relating to law and legal systems.

Forensic Social Worker's responsibilities often include: social work practice, which is related to legal issues and litigation, both criminal and civil. FSWs also have expansive knowledge of child custody issues involving separation, divorce, neglect, termination of parental rights, substance abuse and mental health issues, the implication of child and spousal abuse, juvenile and adult services, corrections and mandated treatment.

Forensic Social Workers generally provide mental health consultation, education and training to juvenile justice and correctional systems, lawmakers, enforcement personnel, attorneys, as well as other members of the general public. They provide diagnosis, treatment and recommendations over case loads and oversee policy and program development, mediation, advocacy and arbitration, teaching, training and supervising, behavorial science research and anaylsis.

Most employers look for a master's degree in social work and a minimum of three years experience in psychology, sociology, or a related field.

The salary range for this career is between $30,850 and $49,000 per year based on experience, education and employer.

HEALTH INFORMATION MANAGER (HIM)

Health Information Managers (HIM) are sometimes referred to as Medical Records Administrators, Technicians and Certified Coding Specialists. HTMs plan, develop, organize, manage and direct medical

information facilities for physicians, hospitals and substance abuse and mental health treatment units. HIMs responsibilities are to train and supervise the Medical Record Staff; to develop systems for efficient and confidential recording of medical data; and to compile statistical reports for medical, administrative, legal and research purposes.

HIMs generally need to complete a bachelor's degree in health information management from an accredited program at a college, or university.

HIM earn an average salary of $31,200 per year.

HEALTH PROMOTION EDUCATOR (HPE)

Health Promotion Educators (HPE) direct all phases of health promotions, including substance abuse and mental health prevention and managing the health publishing markets through planning, developing, implementing and administering annual budgets, along with organizing strategic and marketing plans. HPEs are responsible for providing a broad range of marketing services, such as: market research and anaylsis, professional writing, outreach activities and other marketing communication tactics for the health industry.

A bachelor's degree in marketing or advertising is required, as well as experience in public relations, journalism, or mass communication.

The salary range for this career is between $30,100 to $55,000 per year.

LICENSED PRACTICAL NURSE (LPN)

Licensed Practical Nurses (LPNs), also known as Licensed Vocational Nurses(LVNs), work under the supervision of a Registered Nurse (RN), or Licensed Physician to provide direct patient care. LPNs work in substance abuse and mental health treatment centers, hospitals, clinics and physician's offices. Experienced LPNs may assist with the supervision of Nursing Assistants.

LPNs work activities include clinical skills, such as: taking vital signs, performing simple diagnostic tests, authorized medication administration, patient observation and dressing wounds. Other jobs performed by the LPN are assisting patients with daily living activities, include eating, exercising, personal hygiene and walking.

All states require LPNs to pass a licensing examination after completing a state-approved pracitical nursing program. Most programs are twelve months in length and require applicants to have a high school dipolma or GED. Training for LPNs is available through

vocational/technical schools, adult education centers and community colleges. Programs include both classroom study and supervised clinical practice in patient care.

The salary range for LPNs is between $23,400 and $30,000 per year.

MEDICAL ASSISTANT (MA)

Medical Assistants (MA) perform clinical and administrative functions to keep mental health and substance abuse treatment settings running smoothly.

MAs have a wide range of responsibilities particularly in small practices, where general duties are usually performed. In large practices, duties are more specialized. Medical Assistants prepare patients for examination and treatment, give injections, prepare laboratory specimens and perform simple laboratory tests, including electrocardiology. Medical Assistants are also responsible for administrative office duties, such as: greeting patients, making appointments, handling correspondence and insurance claims along with bookkeeping duties.

Medical Assistants may receive training on-the-job, through adult education programs, at two-year and junior colleges, or at four-year undergraduate institutions. Most programs require an internship, or a supervised work period in a practice setting. Education programs range from seven months to two years.

Average salary is $25,900 per year and may vary by geographical location and previous experience.

MEDICAL FORENSIC PSYCHIATRIST (MFP)

Medical Forensic Psychiatrists (MFP) are physicians, who have clinical experience and academic achievement. MFPs assist institutions, plaintiffs, defendants, attorneys, federal agencies and the courts to evaluate claims ranging from medical and mental health malpractice to disability and sexual harassment.

A bachelor's degree, plus four years of study and expertise in managed care, medicine malpractice, employment litigation, criminal justice and public safety is preferred by most employers and governmental agencies for this career.

The salary range is between $45,000 and $70,000 per year based on employer, education and expertise.

OCCUPATIONAL THERAPY (OT)

Occupational Therapists (OT) in substance abuse and mental health carry out rehabilitation plans for individuals or groups. OTs help teach and re-teach skills of daily living to people who have mental disorders, or are to sick to work as a result of substance dependency. Occupational Therapists can help individuals learn new job skills, take care of equipment used in therapy, order supplies and write reports on the progress of patients.

Most training programs last two years and lead to an associate degree from a community college. Some adult education centers also offer training programs for certified OTs.

The salary range for this career is between $27,4000 and $35,000.

PHYSICIAN ASSISTANT (PA)

Physician Assistants (PA) work directly under a physician and perform a wide variety of healthcare sevices. The duties of PAs that work in a substance abuse and mental health setting generally include: taking medical histories, performing physical examinations, ordering laboratory tests and x-rays, making tentative diagnosis, directing treatments and providing patient education.

Employment as a Physician Assistant requires training in an accredited PA program generally offered by two and four year colleges. Most Physician Assistant programs require applicants to have previous health care experience and some college education.

PAs earn between $49,100 and $60,000 per year.

PROJECT MANAGER (PM)

Program Managers (PM) are generally involved in program development and implementation of projects around substance abuse and mental health issues within community-based organizations and community health centers. PMs provide oversight for all project tasks and deliverables and interact directly with the funding agency. PMs generally conduct staff supervision, delegation and management of project activities.

As Program Directors, they are generally responsible for providing executive leadership and management at the local level.

A bachelor's or masters degree is generally required in education, social work, public health, or a related field.

Program Managers should have knowledge of prevention issues and of research developments, trends relating to substance abuse and mental health services and relevant social and economic factors.

Salaries may range between $35,000 and $130,000 per year depending on expertise and education.

RECREATIONAL THERAPIST (RT)

Recreational Therapists (RT) employ medically approved activities to treat and maintain the physical, mental and emotional well-being of patients. RTs help individuals build confidence, socialize effectively and remedy the effects of illness and disability. In clinical settings, such as hospitals and recreation centers, Recreational Therapists treat and rehabilitate individuals with specific medical problems, usually in cooperation with other health care providers. Recreational Therpaists usually advocate leisure to improve general health and well-being.

Recreational Therapists assess patients based on information from medical records, medical staff, family and patients themselves.

A bachelor's degree in therapeutic recreation from an accredited program is the usual requirement for hospital and other clinical positions. An associate's degree in recreational therapy, training in art, drama, music therapy, or qualifying work experience may be sufficient for positions in nursing homes.

The salary range for this career is between $36,000 and $45,000 per year depending on employer and geographic location.

SPECIAL EDUCATION TEACHER (SET)

Special Education Teachers (SET) facilitate the success of special education students in academic, interpersonal skills and activities of daily living through implementing approved curriculum. They often work with students on emotional and mental health issues.

Special Education Teachers document teacher and student progress, activity outcomes, address specific needs of students, provide a safe and optimal learning environment, provide feedback to students, give parents information and administration regarding student progress.

A master's degree and certification in social work, child development, or related field, as well as special education is required for this career.

Tool 3–4. Substance Abuse and Mental Health Employment Sectors

The following are the types of institutions where persons seeking a career in substance abuse and mental health treatment and prevention generally work[2].

Alcoholism Rehabilitation and Treatment Centers—An alcoholism rehabilitation and treatment center is an institution that generally provides 24-hour services for the diagnosis and treatment of alcoholic patients through an organized medical or professional staff. Also, offered are permanent facilities, that include: inpatient beds, medical and nursing services. Among the health professions that work in this setting are Chemical Dependency Counselors, Directors for Substance Abuse Services and Registered Nurses.

COMMUNITY BASED ORGANIZATION—A community-based organization is an organization in the community that usually has a focus on community empowerment. Community-based organizations may address issues that are important for the community that it serves, including: health care, education, substance abuse, youth outlets, homelessness, elderly and welfare. Mental Health Counselors, Group Facilitators, Health Promoters and Policy Analysts are a few of the health professions in community-based organizations.

COMMUNITY MENTAL HEALTH CENTER—Community mental health centers generally provide comprehensive services to the community in the areas of outpatient care, inpatient care, partial hospitalization, emergency care, consultation, education and referrals. The following is a list of professionals in this sector: Social Workers, Directors of Mental Health Services and Marriage and Family Therapists.

HALFWAY HOUSE/RECOVERY HOME — This is a community-based, peer-group oriented residential facility that provides food, shelter and support services for recovering substance abusers who may be re-entering the workplace. These services generally include: vocational, recreational and social services in a supportive non-drug use, non-drinking environment. Among the professionals associated with this facility are: Family Partnership Workers and Clinical Dependency Counselors.

HOSPITAL INPATIENT — Inpatient hospitals provide 24-hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanently licensed medical/ psychiatric staff with facilities that include inpatient beds and medical and nursing services. Patients residing in hospital settings usually receive rehabilitation/residential services primarily for alcoholism. other tr drugs, and metal health treatment. Among the health professions that work in this sector are medical health services directors, medical laboratory technicians and registered nurses.

COUNSELING HOTLINE—This is a telephone service that provides information, referral and immediate counseling generally in a crisis situation. It usually operates with a local or toll-free number. Professionals within this sector are Adolescent Service Clinicians, Substance Abuse Educators and Mental Health Counselors.

INTENSIVE OUTPATIENT FACILITY —This is a facility that provides clients with outpatient treatment services that last two or more hours per day for three or more days per week. Marriage and Family Therapists, Group Facilitators and Nurse Practitioners are a few examples of the professionals in an intensive outpatient facility.

MENTAL HEALTH CENTER/PSYCHIATRIC HOSPITAL—This type of medical facility offers short-term intensive inpatient treatment and prolonged inpatient treatment to persons suffering from a variety of mental or psychiatric disorders, including alcohol- and drug-related disorders. Directors of Medical Health Services, Adolescent Services Clinicians and Social Workers are among the many professionals within the mental health center/psychiatric hospital sector.

RESIDENTIAL FACILITY—This is a live-in setting for non-medical rehabilitative drug abuse and alcoholism services, available to residents in locations, such as: foster homes, group homes and boarding houses. Chemical Dependency Counselors, Residential Counselors and Educators for Substance Abuse are among the vast professionals that work in a residential facility.

OUTPATIENT FACILITY —This is a facility that provides treatment, recovery and aftercare, or rehabilitation services, to the client in a non-residential treatment setting. The client receives drug abuse or alcoholism treatment services with, or without, medication, including: counseling and supportive services and daycare. Outpatient services are also known as "non-residential services" by professionals in the alcoholism field. Professionals in the outpatient environment include: Substance Abuse Educators, Family Partnership Workers and Occupational Therapists.

REHABILITATION/TREATMENT CENTERS — Rehabilitation facilities offer 24 hour/day medical care service in a hospital facility in conjunction with treatment services for alcohol, drug abuse and dependency (other than detoxification). They also provide short and long-term residency care. Professionals that work in this setting include: Residential Counselors, Substance Abuse Counselors and Registered Nurses among others.

SCHOOLS – These are public or private institutions that provide educational services to youth and adults. Most schools have a School Psychologist that provides mental health services to students. In addition to School Psychologists, other professionals in schools are Special Education Teachers, Health Promoters and Registered Nurses.

VETERANS ADMINISTRATION HOSPITAL — A Veterans Administration (VA) hospital is a facility that operates under the auspices of the Department of Veterans Administration. VA hospitals are generally non-specialized, acute care hospitals where the average length of stay for a patient is usually less than 30 days. VA hospitals often hire a host of health professionals, such as: Psychiatric Mental Health Nurses, Psychiatrists and Occupational Therapists.

SELF-HELP GROUP SERVICES—This is an independent support group or fellowships organized by and for drug abusers, alcoholics and others to help members achieve and maintain abstinence from and/or cope with the effects of drugs and alcohol. Examples are Alcoholics Anonymous, Narcotics Anonymous and Women for Sobriety.

Self help group services include a range of professionals such as: Chemical Dependency Counselors, Program Directors and Group Facilitators.

SUBSTANCE ABUSE AND MENTAL HEALTH RESEARCH INSTITUTIONS AND ASSOCIATIONS - These institutions conduct research, policy analysis and disseminate information related to substance abuse and mental health. Policy analysts, Psychologists and Research and Evaluation Scientists are among the many professionals in research institutions and associations.

PRIVATE PRACTICE – Private practitioners generally have a formal arrangement with alcohol and/or drug abuse treatment centers. The provider usually offers some form of initial evaluation or diagnosis of its clients and, thereafter, may include a wide range of different services, such as: counseling, job placement, or other rehabilitation services. Pyschologists, Psychiatrists and Marriage and Family Therapists are just a few examples of the professionals in this field.

STATE AND FEDERAL GOVERNMENT- One of the important functions of state and federal governments is to direct national and state health programs that improve our nation's health. They also fund research programs on substance abuse and mental health and conduct related policy analysis and information dissemination. Among the professionals in the state and federal government sector are: Director of Medical Health Services, Policy Analysts, Research and Evaluation Scientists.

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[2]This list is adapted from the U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administrations, Office of Applied Studies. *National Drug and Alcoholism Treatment Unit Survey (NDATUS)*, 1991 Findings Report.DHHS Publication NO. (SMA)93-2007, 1993.

A mentor is a coach, sponsor, guide, advocate and role model.

4 STARTING A MENTORING PROGRAM

"Through mentoring, we can provide youth with the awareness and incentive to strive for excellence and direct their lives toward making positive contributions in their community."

Dr. Antonia Pantoja, Primary Founder of ASPIRA

Purpose

The purpose of this chapter is to provide a guide for starting a mentoring program to encourage Hispanic youth to choose careers in the substance abuse and mental health fields.

Why Mentor Hispanic Youth?

There are two major reasons why Hispanic youth need mentors. First, an overwhelming number of Hispanic youth in the country do not have professional role models within their own family; thus, mentors are important in ensuring success. Secondly, Hispanic youth from families with limited resources and educational experiences often lack the professional guidance, support and access to resources that a mentor can provide. Consider the many ways that a mentor can make a difference in the life of a young person:

- Hispanic youth do not always see the full range of opportunities before them. A mentor can help a young person see that a dream can become a reality.
- Some Hispanic youth believe that a college education is for students in mainstream society, who traditionally have received a college education. A mentor can reshape this mindset by positively demonstrating that a higher education is a viable option for the future.
- Hispanic youth often need guidance in the processes of applying to college and financial aid. A mentor can assist a young person through this process.
- Hispanic youth sometimes experience pressure to become involved in negative behavior that can impact their future. A mentor can set youth on the right track before they make the wrong choices.
- Hispanic youth often need academic support, such as tutoring and counseling. A mentor can provide this assistance.
- Hispanic youth often have working parents that have limited time to nurture their children's aspirations. A mentor can provide needed attention.
- Hispanic families do not always have the technological resources, such as computers, to support their youth's education. A mentor can provide access to resources and technology.
- Some Hispanic youth are pressured to financially contribute to the family and as a result leave high school or college before graduating. A mentor can intervene with parents to assist them to recognize that investing in a college education will provide long-term financial rewards.

What Do Mentors Do?

According to Flaxman, Ascher, and Harrington (1988), a mentor is a coach, sponsor, guide, advocate and role model. In these roles, the mentor may aid the mentee in making life decisions or assist in trouble shooting personal, social, or institutional barriers. The mentor often introduces the youth to new opportunities and relationships that provide extended support for the mentee. In addition, the mentor provides guidance by guarding the mentee from damaging experiences, and intervening in situations that the mentee may have difficulty handling.

Mentors can also provide advice and wisdom to the mentee in a continual relationship, that can last a lifetime. As coaches, mentors may enhance the mentees knowledge and understanding of the opportunities made available to them through the community and how to handle specific situations, problems, or settings. As advisors, mentors can offer suggestions for problem solving, decision-making and reaching short-and long-term goals.

A mentor often provides counseling and explains how personal concerns can hinder education, self esteem and postpone a promising future. Due to the trust and emotional attachment that often develops between mentor and mentee, anxieties, fears and conflicts can be openly discussed and ultimately overcome with the mentor's guidance.

Another important function of mentors is to support and to inspire mentees to realize the infinite possibilities life holds, and to know their own potential in fulfilling such aspirations (Flaxman, Ascher, and Harrington, 1988).

The Mentoring Process

Designing a mentoring program is an extensive process that can involve one-to-one mentoring, group mentoring or a combination of both. Programs are created in a way that allow youth and mentors to learn about a wide variety of experiences and strategies. A mentoring program may run into some challenges if there is too much structure, resulting in mentees not getting a chance to receive a quality mentoring experience, whereas too little structure may leave participants at a loss for words. A good mentoring program reflects the needs of the entire audience-mentors, parents, youth and schools, as well as the community at large. Other challenges that need to be addressed in the development of a mentoring program include: transportation of mentees, resources, scheduling and access to workplace facilities.

One-to-One Mentoring

One-to-one mentoring involves the matching of mentor-student pairs. This arrangement can be highly effective; however, one-to-one mentoring requires a substantial commitment of time and effort on the part of both mentors and students. This form of mentoring can occur in a number of ways:

- *Shadowing* provides youth with the opportunity to follow a mentor through a typical workday, research experience, or conference.
- *Internships* provide hands-on work experience with a mentor allowing realistic assessment of their interest in a career.

- *Electronic communications* through telephone, or e-mail provide students with private and individualized interaction with a mentor.

Group Mentoring Activities

Mentoring in small groups has a number of advantages. First, it takes pressure off the mentor in arranging meetings, as this responsibility is shared by others. Secondly, at group mentoring events, youth feel free to ask questions that they might not normally ask in a one-to-one mentoring relationship. Examples of group mentoring activities include:

- *Student Counseling Sessions* geared toward assisting students with course selection, the college application process and graduation options.
- *Informal Luncheon Sessions* are always an effective way to bring a group together. Lunches or dinners encourage both mentors and mentees to relax and interact in a more casual setting.
- *Monthly Meetings* offer youth the opportunity to address questions about various fields and career opportunities. Meetings can also focus on creating a network of friends and professional contacts.
- *Panels* are one of the most ideal formats in presenting multiple perspectives on various themes through short presentations designed for the target audience, as well as for introducing a variety of role models at one event.
- *Workshops* involve everyone's participation, and allow for constructive mentoring and feedback on specific topic areas.
- *Conferences* can bring youth together for mentoring and exposure to new ideas and role models. Such events can showcase Hispanic health professionals who are at the forefront of significant issues and enhance their visibility in substance abuse and mental health.

Program Planning

From the very beginning, it is crucial to involve all stakeholders in helping to develop a shared vision of the mentoring program. An example of this occurs when adolescents are asked to be involved in the planning process by contributing their vision and input. An effective strategy in acquiring input from all key players is to organize an Advisory Commit-

tee that includes representation from all of the stakeholders. This can include staff, youth, parents, teachers, community leaders and health professionals with a background in substance abuse and mental health.

As the mentoring planning team begins strategizing, one of the most important assignments is to decide on the name of the mentoring program. The mentoring program's name needs to sound positive, as well as be a name that students and mentors can identify with and feel good about. The mentoring planning team can also benefit by having the mentees assist in developing a name for the mentoring program.

The mentoring planning team's next task is to define what type of mentoring the program will provide, identify efforts and resources that are currently available, explain the need for mentoring in their community and depict the potential benefits of the program to all stakeholders. Other areas can include financial stability and potential program expansion. *Chapter 5. Developing Resources to Support the Program* provides a guide on obtaining funding and *Chapter 7. Using the Web to Develop Mentoring Programs* lists useful web sites that can assist in this process.

Solid leadership is also important for ensuring that the mentor planning team works effectively. What kind of skills do you look for in a leader when implementing a mentoring program? Some experts in mentoring programs stress that good programs:

- Have leaders who are well respected in the community and have an established base of support
- Understand the bureaucratic workings of dealing with schools, businesses and community-based organizations
- Are sensitive to the needs of the program participants
- Have access to and support from top-level decision-makers in the partner organizations

Establishing Program Goals and Objectives

In establishing a mentoring program, the needs and goals of several target groups should be taken into consideration—the students who will be mentored and their families, the mentors themselves, partner schools and organizations and institutions that may contribute volunteers or resources. *Tool 4-2. Points to Consider When Starting a Mentoring Program,* provides a series of issues that should be considered when establishing a new mentoring program.

Clearly stated goals and objectives are essential to building a strong base for your program. Goals provide a vision with a specific focus on an end result. Objectives need to be specific and measurable with time frames. An example of a goal is: *Increasing the number of Hispanics entering careers in substance abuse and mental health.* An example of an objective is:

By 2004, the program will facilitate the entry of 20 high school students into college. By developing your goals and objectives through a collaborative group process, the end result will be a shared vision that is supported by everyone involved in the organization. Program planners should think broadly in terms of resources such as time, materials and facilities. *Tool 4-3. Goals and Objectives Worksheet* helps you to identify program goals (*See also Chapter 6. Assessing Program Success* for more information).

Perhaps the most important question for any program to ask is: are their existing efforts that this program could complement or build upon? Other important questions a program planner should ask include:

- What activities will be offered through the mentoring program and when will these activities begin?
- Who will be the target mentee population group?
- Who can serve as mentors—retired health professionals, college students, substance abuse counselors and mental health specialists?
- How many mentors can each of the partners and the community provide?
- What financial and other resources are needed to meet the costs involved in sponsoring a mentoring program—release time for employees, transportation, materials, facilities, stipends, field-trips, or award ceremonies and dinners?
- What special resources can the program draw upon from the partners?

Develop Agency Policies and Operating Protocols

The importance of well-written concise policies and operating protocols need to be stressed.[1] This will help ensure that your program operates smoothly and provides standard procedures for resolving issues as they come up.

Establish Job Descriptions for Staff and Volunteers

Mentoring program staff need clear descriptions of their roles in an organization or program. Job descriptions address this by providing suitable profiles, allowing program staff to know what is expected of them. Job descriptions are a useful tool in matching the skills of potential volunteers with the mentoring program's needs.

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[1]There are various software products on the market that can assist you with all human resources related activities.

Recruitment of Mentors

It is necessary to know what type of person fits the mentor requirements. This includes areas such as: age, gender, type of experience in the substance abuse and mental health field and other interests. Then staff can proceed to identify where to find these professionals are likely to be found. The following are some ideas of places to start:

- One's own address book (A good source of mentors are professionals with whom you are already acquainted).
- Drug and alcohol treatment facilities
- Mental health clinics
- Colleges, universities and local schools
- Local businesses
- Professional associations
- Local community organizations (For a more extensive list of sites to contact, see *Chapter 7. Using the Web to Develop Mentoring Programs.*)
- Faith-based organizations

Before approaching any organization, it is essential to prepare information (both written and oral) that provides these organizations with an understanding of the program.

Publicity is another way to make mentor recruitment easier. Many people are looking for opportunities to volunteer. Some suggestions on how to spread the word include:

- Local community and Spanish language newspapers
- Public service announcements on Spanish language radio
- Hispanic serving community-based organizations and educational institutions
- Organization and business newsletters
- Web page on your program
- Church bulletins
- Announcements in newsletters of Hispanic professional associations, such as: The Hispanic Nurses Association or the Hispanic National Medical Association

Screening Mentors

The Mentor Application Form

The mentor application should be a concise and user-friendly form that serves as a two-part screening process. First, it is a self-selection system where people who are interested in mentoring and are ready to make a commitment will take the time to fill out the form. Secondly, the mentoring application form should provide basic information about the individual mentor. Here are some recommendations for what should be included in this form:

- Biographical information (i.e., address, job history, etc.)
- Time availability
- Activities they would like to share with the youth (i.e., career day, attend a local conference, etc.)
- Interests (i.e., sports, movies, outdoors, etc.)
- Why they want to become a mentor
- References—VERY IMPORTANT! (Three references are recommended)

Tool 4-4. provides a model of a *Mentor Application Form* and *Tool 4-5.* provides a model of a *Mentor Agreement Form.*

Interview Process

The interview process should use a format that addresses the needs of the program. Programs that have only on-site supervised mentoring, for example, might utilize a less intensive interview model, generally a one-on-one interview between staff and the prospective mentor. A program with more off-site, unsupervised activities however, would benefit from a more intensive interview process. For example, this could include a staff member, a parent and a community member. When possible, the interview should be in person.

References

Prospective mentors should provide a minimum of three references regarding suitability for participation. References can be obtained from sources such as: current or former employers, notable members of the community, co-workers and/or neighbors. It is recommended that references come from individuals who have known the volunteer for at least two years or more. In addition, some mentor program planners require fingerprinting or a criminal record check through the local police department. However, if this is the case, inform the volunteers of this requirement as soon as they inquire about the program.

Safety and Liability Issues

Participant safety should be at the core of your organization. Your program should assure youth safety to the fullest extent possible. This is one of the reasons why mentor screening is stressed.

Mentoring program planners should also address the issue of liability. If an accident or other unforeseen circumstances should occur, who is responsible? Program planners should carefully consider this and make every effort to ensure that volunteers, mentees, their families and the program are adequately protected. One way of limiting liability is to conduct mentoring activities only at a school or community-based site. In these situations, school or agency personnel can carefully monitor activities, and in most cases the volunteers may be covered by the insurance policy of the school or agency. However, this may limit mentor-mentee activities and decrease the availability of potential mentors.

Mentoring activities that are planned and carried out as a group may be designated as agency or school related field trips. These mentoring activities may also be covered by existing insurance policies. However, parents may need to sign an additional permission and/or liability waiver form for these outings.

Informed consent is another way to address liability. Mentees and parents should be provided with written information about the program. Parents should submit a signed consent form for their child's participation (see *Tool 4-9 Parent Consent Form* and *Tool 4-10 a Medical Authorization Form).*

Mentor Training

A well-developed orientation program is key to getting mentors off to a good start. Determining the orientation structure depends on the role the mentor plays in the program. For example, in school-based programs with on-site mentoring, a short individual orientation session may be all that is needed; however in a community-based program with more intensive mentoring, multiple training sessions over several days may be preferred.

The following are examples of potential topics to cover in an orientation session:

- History of the organization
- Purpose of the program
- Current organizational structure
- Program policies, including insurance liability and legal concerns

- Expectations of the mentor/mentee relationship
- Who mentors can turn to when issues or questions arise
- Specific characteristics and needs of the mentees
- Guidance on how to get started
- Outside resources and reading material

Other activities that can be incorporated into the orientation can include having past mentors and mentees speak about their experiences through participation in an informal session. Moreover, it is important to keep in mind that mentors enter the program at varying levels of experience and background. It is therefore important to be as flexible and adaptable as possible to address these differences.

Most programs have found that on-going training contributes significantly to long-term success. While formal sessions on specific topics can be offered throughout the year, training sessions do not necessarily need to be as structured and can simply be a time for mentors to get together and talk about their experiences.

Tools 4-6 and *4-7 Mentor Orientation Workshops* provide topics for orientation sessions that can be used to familiarize the mentors with their roles, responsibilities and expectations.

Recruiting and Orienting Mentees

Hispanic youth have sometimes been excluded from traditional mentoring programs. However, they are often the group that can most benefit from a mentoring relationship.

Participant recruitment strategies should include:

- Using peers who have participated in a similar mentor program as recruiters
- Placing posters on bulletin boards and in places where youth congregate
- Having the school or local church send out letters or flyers to students and families
- Advertising on Spanish language radio and television
- Providing information on your organization's Web page

Running The Program

Matching Mentors with Young People

Once mentors have been selected and have received an orientation on the program, mentors are matched with youth. Some of the considerations in matching youth and mentors are culture, age, career interests, shared background, scheduling and personal capabilities. Mentees should be allowed to substitute mentors if they believe that there is not a perfect fit.

Cultural Considerations

Culture and language have considerable impact on how mentors view and respond to mentees and the mentor program. To better serve the Hispanic community, it is important to have staff and mentors that are sensitive to the culture and language of the mentees.

Mentors and mentees live and function in a mix of many cultural neighborhoods shaped by professional, socioeconomic class, ethnicity, race and community affiliation. When mentees and mentors interact, their culture influences their assumptions and perceptions, leaving a lasting positive impact on the mentee. It is very important for mentees to know that because of their Hispanic heritage they are an asset to their local community.

Mentoring programs can have successful outcomes regardless of whether or not the mentors and mentees are of different backgrounds and cultures. Cross-cultural mentor-student relationships allow for growth experiences, letting each participant share something from their culture and background with each other. While cross-gender matches have many strengths, due to cultural considerations in working with Hispanic youth, same-gender matches are recommended. (Some Hispanic parents may feel uncomfortable with their daughters being mentored by male adults.)

While an ideal match may include matching a mentor with the career interest of the student, it may not always be possible. The most important consideration is matching the student with a caring adult who can guide them through the career exploration process and in making life decisions.

Orientation

Once recruited, mentees should complete a program application form. Some programs provide mentees with a written role description. The following is a suggested outline:

- The purpose of the program
- Reasons why youth would want to participate

- The potential benefits of participating
- Process for changing mentors and mentees
- The limits of a mentor—mentee relationship (It is important for youth to understand that the mentor can not do everything for them, nor can the mentor be a surrogate parent.)
- Length of commitment

Getting Off to a Good Start

It is expected that both the mentors and the mentees will be nervous in the beginning. They will also have expectations of each other, the program and the relationship. An ideal format for a mentoring event begins with an informal gathering over refreshments, such as tropical fruit juices and *empanadas*, allowing everyone to meet and talk. The project director should provide complete program information and give mentees, parents and mentors the opportunity to ask questions. Orientation should discuss where and when students and mentors should meet, and what activities are considered appropriate on the part of mentors and students.

Keeping Track of the Mentoring Relationship

It is recommended that mentees and mentors be required to maintain a record of their relationship with each other. Keeping a diary or journal is a useful activity for monitoring the progress of the mentoring relationship. The record can be in the form of a journal, a logbook, or notes. This information should be reviewed periodically by staff and can include:

- Location of the meeting
- What was worked on or discussed
- Any significant event that happened at the meeting
- New ideas and concepts learned
- What the mentee liked and disliked about the meeting
- A note about any meeting that was canceled

This record will also help the mentee reflect on his or her experience. In addition, the information can be used by staff to monitor and evaluate the success of the program in meeting its goals and objectives. The following provides an example:

September 5, 2001

Today I met with my mentor at the ASPIRA office. We discussed my interest in working with children with emotional problems. We saw a movie called Good Will Hunting about a white kid from the hood who ends up at Harvard.

The movie has a lot to offer and I found out that the star who wrote it is only about 25.

I think it shows that most barriers can be overcome.

Confidentiality

Mentors should also sign a confidentiality clause that can be part of the *Mentor Agreement Form* (*see Tool 4-5*). It is important to keep most information related to the mentees confidential. Information such as: grades, addresses, phone numbers, citizenship, as well as student diaries or journals should remain confidential. Mentors should understand that confidentiality can be broken when a mentee appears to be a danger to themselves or to others. At that point, mentors should inform the organizational liaison.

Working with Parents

Parental support is important for the success of any mentoring program. Parents engagement will assist in meeting program objectives. Many successful programs involve parents from the onset. Parents who let their child participate in a mentoring program have noticed that their child gains benefits (Kendall, 1990), such as:

- Attitudes Toward School and Learning
  - more interest in school
  - increased motivation toward school
- Career Awareness
  - more consideration of future occupations
  - more positive attitude toward work
  - better understanding of the work place
  - more likely to ask for help in choosing a career

- Interpersonal and Intrapersonal Skills
  - responsibility
  - maturity
  - self-confidence
  - patience (especially with family members)
  - sympathy
  - thoughtfulness and consideration
  - awareness of their emotions
  - more positive attitude toward self

Parents of mentees should be required to sign a consent form in order for their youth to participate (see *Tool 4-9. Parent Consent Form*). In addition, parents should have the opportunity to disapprove of any mentor they believe would not be beneficial or a good match for their child.

It is important that parents understand the limitations of the mentor's role. Some parents may not want their youth involved in an exclusive relationship with an adult other than themselves. Other parents are afraid that the mentors will try to take the parent's place or usurp their authority. Good programs are aware of the concerns that parents may have and try to ease these concerns during orientation.

At the orientation session:

- Program staff should discuss program goals and objectives and how youth can benefit from participation.
- Parents should receive materials and handouts similar to those the mentors receive at their training sessions.
- Program staff should stress the importance of parent participation to the success of the program. Parents should be asked to support staff efforts by encouraging their child to keep appointments with mentors and to stay in the program.
- Parents should be informed of strategies they can utilize to help achieve the mentor program's goals, such as: helping their adolescent with homework or discussing college and career aspirations.
- The parents should be given the name and phone number of the mentor's supervisor or another contact person, as well as that of the mentor.

Other ways to engage parents include:

- Mentors should attend the parent orientation session. These sessions provide an excellent opportunity for the mentors to reassure parents that they are not trying to take the parent's place or to impose values on the youth, but are providing a specific service.
- Form a parent advisory council to assist mentor program staff in making decisions and establishing policies affecting the program.
- Schedule activities with parents during the course of the program. These can be in the form of informal get-togethers at a local restaurant, recognition dinners for the mentors or lunches and dinners sponsored by the program staff for the parents and youth participating in the program.
- Sponsor informal workshops on specific issue areas common to Hispanic youth and their parents.
- Encourage or require mentors to communicate with parents on a regular basis.
- Keep parents informed about the mentor program by sending newsletters or by calling to share the program's accomplishments.

Initial Mentoring Activities

Four major tools are provided that will ease the mentees participation and integration into the program. These activities will help to reduce student anxiety and assist mentors and mentees to become familiar with each other.

In conducting these exercises, it is important to assess the level of sharing that would be appropriate. This may depend on the age of the mentees, time constraints, program policy, etc.

- *Tool 4-11. General Student Icebreaker* allows youth to get to know one another and provides them with questions so that they may begin to talk about the future.
- *Tool 4-12. Decision Making* provides mentees with a better understanding of their decision making process.
- *Tool 4-13. Classified Ads* and *Tool 4-14. Career Exploration* are designed to assist the youth in thinking of specific education requirements and skills required for entering a career

Lastly, it is important to evaluate whether each activity is successful. This can be achieved in part by having the participants complete a *Workshop Evaluation Form* (*Tool 4-15*).

Conclusion

Mentors can make a difference in the lives of young people and set them on the right path. A good mentoring program can also help address the under-representation of Hispanics in substance abuse and mental health careers by exposing youth to a full range of careers in these areas.

It is important to involve all stakeholders in program development as it helps to create a shared vision of the program among those involved. The ultimate goal of the program is to set in motion an on-going process to assist youth. The result will build a stronger, more diverse community that will make a greater contribution, not only to the fields of substance abuse and mental health, but to society as a whole. We have provided several useful tools for starting your mentoring program. These include:

- *Tool 4-1. Mentor Program Overview (pp. 87-92)*
- *Tool 4-2. Points To Consider When Starting A Mentoring Program (p. 93)*
- *Tool 4-3. Goals and Objectives Worksheet (p. 94)*
- *Tool 4-4. Mentor Application Form (p. 95)*
- *Tool 4-5. Mentor Agreement Form (p. 96)*
- *Tool 4-6. Mentor Orientation Workshop (p. 97)*
- *Tool 4-7. Mentor Orientation Workshop (pp. 98-99)*
- *Tool 4-8. Model Student Application Form (p. 100)*
- *Tool 4-9. Parent Consent Form (p. 101)*
- *Tool 4-10. Medical Authorization Form (p. 102)*
- *Tool 4-11. General Student Ice Breaker Activity (p. 103)*
- *Tool 4-12. Decision Making Activity (p. 104)*
- *Tool 4-13. Classified Ads Activity (p. 105)*
- *Tool 4-14. Career Exploration Activity (p. 106)*
- *Tool 4-15. Workshop Evaluation (p. 107)*

Key Sources of Information

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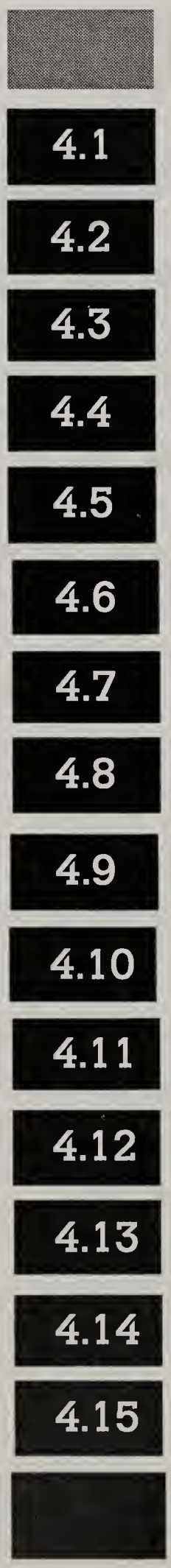

TOOL 4-1. MENTOR PROGRAM OVERVIEW

INTRODUCTION

HOW TO USE THIS MENTORING MANUAL

This mentoring brief provides an overview of the steps needed to establish a mentoring program in the fields of substance abuse and mental health.

PROGRAM PLANNING

Involving all stakeholders from the very beginning to create a long-term strategy, may not seem necessary when you are first beginning a mentoring program, but it is crucial in maintaining a good balance between day-to-day operations and future stability. A mentoring program plan should be in written form and serve as a formal guide, outlining a mentoring program's progress. Some suggestions in covering a mentoring program's areas and vision include: financial stability, community involvement, recruitment strategies and potential expansion.

GOALS & OBJECTIVES

KNOW WHY YOU ARE DEVELOPING A MENTORING PROGRAM

Clearly stated goals and objectives are essential to building a strong base for your mentoring program. A goal provides a vision with a specific focus on an end result. An objective is specific and measurable. By developing your goals and objectives through a collaborative group process, the end result will be a shared vision that is supported by all in the organization.

STRUCTURE

ESTABLISH JOB DESCRIPTIONS FOR STAFF AND VOLUNTEERS

Written job descriptions can help avoid future ambiguity and discrepancy issues that often arise when staff is unclear about their responsibilities. Volunteer job descriptions are a useful tool in matching the skills of your potential volunteers with your program's needs. A clear description also allows volunteers to know what will be expected of them.

DEVELOP POLICIES AND OPERATING PROTOCOLS

Do not underestimate the importance of well-written, concise agency policies and operating protocols. This will help ensure that your program operates smoothly and provides a standard procedure for resolving problems.

Examples of agency policies and operating protocols include:

- Organizational chart (i.e. who has responsibility for making decisions in which areas and who needs to be informed about the decisions)
- Safety and liability issues (i.e. insurance policies including: different coverage for staff and volunteers; background checks for volunteers; parent consent forms) and confidentiality agreements for mentors
- Administrative responsibilities (i.e. record keeping, scheduling)
- Financial/budget procedures (i.e. check writing, paychecks, purchasing)

RECRUITMENT

RECRUITING MENTORS

Know what type of individuals you are looking for to be mentors. This includes areas such as gender, age, background and interests. Target where these individuals are likely to be found. Here are some ideas of places to start:

- Your own address book. (A good source of mentors are professionals with whom you are already acquainted.)
- Local community health centers, health professions schools or national organizations such as The National Hispanic Medical Association and The Hispanic Nurses Association.
- Colleges/Universities

When you approach these individuals/organizations, it is essential that you are prepared with information (both written and oral) that will provide them with an understanding of your program.

LET THEM COME TO YOU

Using publicity is a great tool to make mentor recruitment easier. Spread the word about your program and you will be surprised by the number of people who come to you. Many people are looking for opportunities to volunteer, but they just do not know where to find them. Some suggestions for how to publicize the program include:

- Newspaper articles
- Advertisements
- Public service announcements
- Organization and business newsletters
- Church bulletins
- Announcements in newsletters of professional associations, such as: The Hispanic Nurses Association or the Hispanic National Medical Association

SCREENING MENTORS

APPLICATION FORM

The application form serves as a two part screening process. First, it is a self-selection process - only people who are really committed and interested will take the time to fill out the form. Second, it provides you with basic information about this individual. You will want to make this form concise and user friendly. Here are some recommendations for what should be included in the form:

- Biographical information (i.e. address, job history)
- Time availability
- Activities they would like to share with the youth
- Why they want to become a mentor
- References--VERY IMPORTANT! (Three references is a good idea)

INTERVIEW PROCESS

The interview process should use a format that addresses the needs of your program. Some programs that only have on-site, supervised mentoring might utilize a less intensive interview model that is one interview between staff and prospective mentor. On the other hand, a program with more off-site, unsupervised activities would benefit from a more intensive interview process.

BACKGROUND CHECK

Checking the background of your mentors is a critical element. How extensive the inquiry is will depend on the parameters of your program. It is essential that you find out sufficient information to meet both the legal and program requirements. This background check needs to be completed before a match is made. Some inquires mandated by program guidelines may include:

- Employment verification
- Criminal record check through the local police department
- Thorough check of references

TRAINING

DESIGN YOUR ORIENTATION PROGRAM

A well-developed orientation program is key to getting your mentors off to a good start. For many mentors, the experience and knowledge gained during orientation will provide them with the confidence they need to begin. Determining the structure of your orientation

sessions depends on the role the mentor plays in your program.

KNOW WHAT YOUR MENTORS NEED TO KNOW

The orientation session is important because it not only provides your mentors with information and guidance, bu also becomes a bonding opportunity for them. The resources they offer each other are often as important as the resources you offer them.

The following are examples of topics covered in orientation sessions:

- History of your organization
- Overview of the project
- Program policies including: insurance liability, confidentiality and discrimination rights
- Expectations of the mentor/mentee relationship
- Who mentors can turn to if problems or questions should arise
- Specific characteristics and needs of the mentees
- Guidance on how to get started
- Outside resources and reading material
- Good study habits
- How substance abuse and mental health affects the Hispanic community
- The need for cultural and linguistic competency
- The college-going process
- Careers in substance abuse and mental health

Another activity to incorporate into the orientation is having past mentors come and speak about their experiences. Finally, keep in mind that your mentors are entering your program at varying levels of experience and background. Be as flexible and adaptable as possible to address these differences.

TRAINING IS AN ON-GOING EVENT

Training does not have to be a one-time event offered just as an orientation to the program. In fact, most programs will find that on-going training will contribute significantly to long-term success. While you can offer formal sessions on specific topics throughout the year, training sessions do not need to be as structured and can simply be a time for mentors to get together and talk about their experiences.

YOUTH RECRUITMENT

RECRUITING YOUTH

Once the youth (and often their parents) begin to hear about your program, they will come to you asking to be involved. However, if this is not the case, here are a few approaches to try:

- Use peers who have participated in a similar mentoring programs as recruiters
- Have the school or local church send out letters or flyers to students and families
- Advertise on Spanish language radio and television
- Make presentations at local Hispanic youth organizations
- Set up an information booth at art shows and craft fairs or other community events
- Place posters on bulletin boards and in locations where youth congregate
- Develop a Web page about your organization

Remember, programs that involve youth in all stages of program development are more likely to attract youth.

INTERVIEWING INTERESTED HISPANIC YOUTH

It is important that the involved youth understand what it means to be in a mentoring relationship. Many of your mentors will be making a major commitment of time and energy and having youth who want to be involved is key to making this work.

A key part of the interview includes finding out what are the mentee's interests, availability and other specific needs (e.g. language requirement). For example, even if the youth and mentor seem like a perfect match in temperament, interests and background, but if they can not find a time to meet that works, then this is not a perfect match.

MATCHING STUDENTS AND MENTORS

MAKE SURE GOOD MATCHES ON PAPER ARE GOOD MATCHES IN PERSON

A good match is more than just matching interests to interests and needs to needs. A good match requires that you use your instincts, trust your judgment and not be afraid to get guidance from others. Often, if you have been involved since the beginning, getting insight from someone else provides needed objectivity. Finally, make sure your matches are consistent with the mission of your program. If you are trying to provide role models from similar backgrounds, make sure they actually do share this background. If you are trying to provide mentors for career guidance, make sure that they are in fields that are of interest to Hispanic youth.

Getting To Work

After the match has been made, make sure that both the mentor and the youth fill out the appropriate paperwork. The mentor should sign a mentorship agreement form.

GETTING STARTED

It is expected that both the mentors and the youth will be nervous in the beginning. They will also have expectations of each other, the program and the relationship. One method often employed to alleviate this anxiety is to have the first program event be a social activity with other mentoring pairs. Another approach is to have them participate in a team building activity. For those programs where these types of activities are not feasible, often just talking to them about having realistic expectations of the relationship goes a long way to building a solid foundation.

MONITORING THE PROCESS

CHECK IN WITH YOUR MENTOR TEAMS

Consistently checking in on how the mentoring relationship is progressing will not only keep you informed, but will also keep the lines of communication open. It is important that both your mentors and mentees feel like they have someone to come to if they have questions or are not comfortable with the match. This monitoring can be in many forms—monthly phone calls, quarterly meetings—whatever works for you.

KEEP WRITTEN RECORDS OF THE MONITORING PROCESS

Maintaining a written history of the progress of the relationship provides both a record of success and insight on how problems were handled. This on-going assessment is not only beneficial to the involved parties, but it also provides "do's and don'ts" that can be applied to other mentoring relationships.

TOOL 4–2. POINTS TO CONSIDER WHEN STARTING A MENTORING PROGRAM

1. Who are the target population groups?
   - Hispanic youth
   - At-risk Hispanic youth
   - Young Hispanic adults
   - Pre-teen Hispanic adolescents

2. What do you want to achieve?
   - Increased school attendance
   - Greater self-esteem
   - New or different role models
   - Exposure to substance abuse and mental health careers
   - Other (please specify in the space provided below)

3. How will you achieve it?
   - Shadowing
   - After-school activities
   - Tutoring sessions
   - Employment/Internships
   - Electronic communication
   - Group activities (individual counseling sessions, luncheons, monthly meetings, panels, workshops, conferences)

4. How to measure behavior changes?
   - Student grades
   - Test scores
   - Attendance rosters
   - Daily progress reports
   - Self-esteem
   - Questionnaires
   - Journal entries

5. How to evaluate?
   - Frequently measure progress against initial objectives
   - Invite input from mentors, mentees, parents and staff
   - Degree of commitment from all involved
   - Adequate training
   - Interest in substance abuse/mental health

6. Safety and Liability?
   - Mentor screening
   - School/organization regulations
   - Insurance coverage
   - Security
   - Parent consent forms

7. What are the costs?
   - Time
   - Personnel
   - Materials
   - Training
   - Publicity

TOOL 4–3. GOALS & OBJECTIVES WORKSHEET

What goals can be set for the program

Need a. Lack of role models	Goal a. Exposure to role models
Need b.	Goal b.
Need c.	Goal c.
Need d.	Goal d.

What objectives will the program achieve in promoting Substance Abuse and Mental Health careers?

a. To match 50 students with 25 Hispanic health professionals

b.

c.

d.

What activities can be incorporated into the program? What are the desired outcomes?

Activity	**Outcome**
Visits to mental health centers	Exposure to work setting

How can activities be monitored and measured?

Activity	**Indicators**
Student surveys	Student feed-back

How will measurement data be collected? Who will be responsible?

Measurement	**Collection Method**	**Personnel Responsible**
Student surveys	Survey	Student Advisors

TOOL 4–4. MENTOR APPLICATION FORM

Name: _____

Address: _____

Social Security Number: _____

Daytime Phone: Email/Fax:

List skills or interests you would like to share with Hispanic youth

_____

_____

Please list the last three jobs held starting with most current:

_____

_____

_____

Time Availability:

Why do you want to participate in a mentoring program?

_____

_____

_____

_____

What activities are of interest to you?

____Health Issues ____Computers ____Science

____ Sports ____Movies ____Outdoors

Please list THREE current references and phone numbers:

_____

_____

_____

TOOL 4–5. MENTOR AGREEMENT FORM

I agree to participate as a mentor in the _____ program. I understand that the primary objective of the program is to encourage youth to enter substance abuse and mental health careers.

I understand the mentoring will take place at the following location:

_____

I will be available for mentoring between the hours of:

_____

I will be available for mentoring on the following days:

_____

I agree to attend meetings on the program or to inform the organization liaison of the progress of the mentoring relationship.

I understand that from time to time I will have access to confidential information on youth being mentored and that this information should be kept confidential, except in cases of child abuse or neglect, or when it appears that youth are of danger to themselves or others. Should that be the case, I will inform the appropriate representative of the sponsoring agency.

_____

I further understand that the sponsoring agency may conduct a reference check on my background, which may include contacting previous employers, or the local law enforcement department.

_____

Name Date

TOOL 4-6. MENTOR ORIENTATION WORKSHOP

PART 1—INITIAL ORIENTATION SUGGESTED TOPICS

- Welcome
- Introductions
- Describe your organization's mission
- Identify program goals and objectives
- Establish the need for mentoring, the number of mentees and those waiting for a match
- Define characteristics of mentees
- Describe typical problems, needs and criteria for participation
- Describe what mentors can expect from program staff.
- Cover legal liability and confidentiality issues as they relate to the mentor program
- Review organizational ground rules and policies (provide a handout specific to your organization)
- Provide a realistic view of mentoring and issues that a mentor may encounter

Discuss the full range of issues that the mentor may encounter based on the characteristics of the youth population and the goal of the program. Cover issues such as:

- Confidentiality
- Cultural and linguistic sensitivity
- Disabilities
- Education
- Family and peer pressures
- Family support
- Lack of resources
- Self-esteem issues
- Sports
- Teen pregnancy
- Teen sexual activity
- Use of alcohol and drugs
- Violence in school and at home
- Work

TOOL 4–7. MENTOR ORIENTATION WORKSHOP

PART 2—MENTORING ROLES AND TASKS

- Welcome and introductions
- Review organization's program goals with mentors
- Review workshop objectives
- Introduce the concept of mentoring

Emphasize that building self-esteem underlies all mentor-mentee relationships:

- A close personal relationship with a supportive person is the key to enhancing an individual's self-esteem
- Low self-esteem can often be the root of many social and economic challenges for Hispanic youth
- Mentees often gain a sense of self-worth when they recognize that another person is willing to invest time and energy with them
- Provide an overview of the boundaries of a mentor-mentee relationship

Establishing a positive personal relationship:

- Regular interaction and consistent support
- Should be enjoyable and fun
- Should enhance self-esteem
- Should be non-judgmental

Provide an overview of the purpose of mentoring youth:

Developing life skills

- Provide for a link between the early academic preparation needed to enter a career in substance abuse and mental health.
- Install key life skills, such as: decision making, long-range planning, values clarification and positive coping skills

Assisting Hispanic youth in accessing resources

- Provide awareness of educational and economic resources available in their community
- Act as guides, friends, advocates and not as case managers
- Assist in connecting youth and their families in need to resources available in the community

Increasing abilities to interact with other social and cultural groups

- Assist in broadening outlook and provide exposure to different kinds of social and business situations
- Build respect for differences; however, do not promote mentor's values as superior
- Introduce participant to the behaviors and attitudes needed to interact successfully in the workplace and in the larger society
- Develop and disseminate a list of what a mentor does and does not do, establishing clear boundaries for the mentoring relationship
- Discuss any "project rules or policies" specific to your organization
- Acquaint mentors with initial tasks in "getting started" in their mentor roles

TOOL 4–8. MODEL STUDENT APPLICATION FORM

Name: _____

School: _____

Name of Parents/Guardians: _____

Daytime Phone: _____ **Email:** _____

Career Interests

List careers you would like to explore.

Why do you want to participate in a mentoring program?

Work Experience, if applicable:

List three job experiences you have had, including volunteer and community work.

Dates	**Job Description**
_____	_____
_____	_____
_____	_____
_____	_____

Special Skills

List skills you would like to develop.

Interests and Hobbies

List any clubs you belong to and any personal hobbies and interests you may have.

Please indicate any areas that you would like help in at school:

TOOL 4–9. PARENT CONSENT FORM

Your son or daughter has been invited to participate in a mentoring program experience. He or she will be assigned to a mentor, who will lead him or her through a __-month mentorship program. They will discuss skills required for employment in a substance abuse or mental health career, explore different aspects of working in this field, and link what they are learning in school to these careers. The program may provide transportation as needed for field trips. In order for your child to participate, this form must be filled out and returned to program staff.

Permission To Participate In A Mentoring Program

My son/daughter, _____

may participate in a mentoring experience that will take place at:

_____

on _____

between the hours of _____am/pm _____ am/pm

I understand that my son/daughter, _____

will travel/participate in the mentoring program under the supervision of program staff.

Signature of Parent/Guardian:

_____

Name (Please Print): _____

Date: _____

Daytime Phone: _____

Fax: _____

E-mail: _____

TOOL 4–10. MEDICAL AUTHORIZATION FORM

In order for your child to participate in the mentoring program, this form must be filled out and returned to his or her teacher before the mentoring program begins.

Should it be necessary for my child to have medical treatment while participating in the mentorship program, I hereby give the program staff and mentorship program personnel permission to use their best judgment in obtaining medical service for my child. I give permission to the physician selected by the program staff to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/ medical history to the attending physician, or to the workplace, if needed.

Student's Name: _____

Student's Address:_____

_____

Date:_____ Home Phone Number:_____

Name of Parent/Guardian:_____

Daytime Phone:_____

Name of someone other than parent /guardian to be contacted in an emergency:

_____

Daytime Phone:_____

Does your child require any special accommodations because of medical limitations, disability, dietary constraints or other restrictions? Please explain.

_____

_____

I hereby agree to all of the above authorizations and permission.

Signature of parent/guardian:_____

Date:_____

TOOL 4–11. GENERAL STUDENT ICEBREAKER ACTIVITY

Objectives: To assist students to become familiar with each other.

Note to Facilitator: Students break up into pairs to ask each other one or two of the following questions. Then they return to the large group and introduce their partners. Below are questions that students can ask each other to assist in breaking the ice. Select what questions you want students to address.

1. How did you get your name?

2. What do you do for fun?

3. How do you like to spend your free time?

4. Do you have any career interests? If so, how did you acquire this interest?

5. What do you plan to do after high school?

6. What type of music do you like? Favorite group?

7. What is your favorite TV show?

8. Who is your favorite movie star?

TOOL 4–12. DECISION MAKING ACTIVITY

Objective: To assist students in becoming aware of their decision making process.

Note to Facilitator: Have students break up into small groups of five and answer the following questions:

1. What is the most important decision you ever made?

2. What made it important?

3. In making this decision, what kinds of issues did you consider?

4. Did you consult others before making the decision?

5. Who had the greatest influence over your decision and why?

6. If you had to do it over again, would you make the same decision?

7. What might you have done differently?

8. What methods or steps would you take in making important decisions in the future?

TOOL 4–13. CLASSIFIED ADS ACTIVITY

Objective: To assist youth in the exploration of careers in substance abuse and mental health .

Note to Facilitator: Facilitator should give each student a page or two of classified ads from the "Health Care" section of the newspaper.

Ask them to read over the ads and to do the following:

1. Find an ad for a substance abuse or mental health field that is of interest.

2. Identify the educational requirements and salary range.

3. Identify the responsibilities.

4. Share their findings with the larger group.

TOOL 4–14. CAREER EXPLORATION ACTIVITY

Objective: To assist students in the career exploration process.

Note to Facilitator: In order to do this exercise students will need to surf the net, conduct research in the library, call human resource personnel at companies and /or interview professionals.

1. Briefly describe an occupation of interest to you.

2. What interests you about this career?

3. What is the nature of work involved in this career?

4. What skills and training will you need for this career?

5. What courses do you need to take in high school to help prepare for this career?

6. What do you need to study in college to prepare for this career?

TOOL 4–15. WORKSHOP EVALUATION

MENTOR TRAINING PROGRAM FEEDBACK FORM

Name of session: _____

Date: _____

Organizational role: _____

_____**Mentor**

_____**Youth participant**

1. What did you find to be most helpful in this workshop?

2. What did you find to be the least helpful in this workshop?

3. What was missing from this workshop that would have been helpful to you in developing an effective relationship with your youth participant?

4. How could we improve this workshop?

5. Please rate the following:

	Poor		Average		Excellent
Effectiveness of facilitator	1	2	3	4	5
Training room/area	1	2	3	4	5
Materials	1	2	3	4	5
Content	1	2	3	4	5
Exercises	1	2	3	4	5
Session overall	1	2	3	4	5

6. List other topics or concerns you would like to have covered in upcoming workshops on reverse.

7. List other comments about this workshop on reverse.

Mentors can provide youth with access to resources.

5 DEVELOPING RESOURCES TO SUPPORT THE PROGRAM

Lo que bien empieza, bien acaba
[What starts well, ends well]

Popular Folkloric Saying

Purpose

This chapter provides a guide on how to obtain funding to support a mentoring program in substance abuse and mental health careers.

Introduction

Funding seekers usually enter the grant arena with many questions including:

- Is grant writing really worth my time?
- What are my chances of getting a grant?
- Is it easier to get federal or private grants?
- How do I know what grant makers really look for in a proposal?
- How much money should I ask for?

Questions like these and many others, often translate into one fundamental question: Is it all really worth it? For those organizations that have received funding, the answer is clearly —Yes, it really is worth the effort.

Funding Motivations of Grant Makers

Grant makers are vitally concerned about injustices, social problems, and finding answers to critical issues facing our nation. They generally view grants as investments in an improved future. In fact, they are so concerned that they are willing to invest their money to address these concerns. It is important to understand the sponsor's goals and objectives and express that view clearly in the grant proposal.

Getting Started

Researching funders to identify potential prospects is the initial step in the development process. There are several sources that are useful in obtaining information on federal, foundation and corporate sponsors. One of the most up-to-date sources is the World Wide Web (see *Chapter 8. Using the Web to Develop Mentoring Programs*). Government agencies, foundations and corporations commonly provide the most up-to-date information about their grant programs on their Web sites.

Finding Out About Federal Grants

The U.S. Department of Health and Human Services (DHHS) has about 300 grant programs, most of which are administered in a decentralized manner by several agencies. There is no single publication that describes DHHS grant programs. However, *The Catalogue of Federal Domestic Assistance* (CFDA) profiles all federal grant programs, including DHHS. It is published annually and is available for reference in the government documents section of most major libraries. A hard-copy version is available from The Superintendent of Documents. It is also available online: http://www.os.dhhs.gov/agencies/grants.html.

The *Federal Register* is the other well-known federal grant reference resource to identify opportunities. Published daily, it is available from The Government Printing Office (GOP) or can also be accessed electronically at: http://fr.cos.com. Other sources include: DIRLINE (Directory of Health Organizations and Information Resources) http://dirline.nlm.nih.gov, The knowledge Exchange Network (http://www.samsha.gov/cmhs/cmhs.htm) and The Office of Minority Health Resource Center (http://www.omhrc.gov).

Finding Out About Foundation and Corporate Grants.

One of the most comprehensive sources of corporate and foundation grants is the Foundation Center. This Center fosters public understanding on giving by collecting, organizing, analyzing, and disseminating information on foundations, corporate giving and related subjects. The Foundation Center provides free information to the public on more than 47,000 active U.S. private foundations and corporate giving programs. It operates five libraries across the country located in New York, Atlanta, Cleveland, San Francisco and Washington, DC. Although the resources of the library are available for free, a subscription is required to access the Foundation Center over the internet.

The Foundation Center's Web site is:

http://www.fdncenter.org

Development Process

There are three major factors in the development process:

1. Selecting Potential Funders - Identify potential grant makers in the substance abuse, mental health and mentoring fields that may be interested in supporting the project.

2. Contacting Key Individuals - Contact key individuals outside of your institution who can assist in the proposal development effort before beginning to write. (The Tools section offers a few of the basic proposal planning strategies).

3. Writing Your Proposal - Produce a carefully written, well-organized proposal. Most grant proposals are rejected because, while they may contain good ideas, they are often poorly written or not well thought out.

Selecting Potential Corporate and Foundation Granters

Gathering information is probably the most critical phase of proposal development. When beginning the process of researching grants, it is important to look for those sponsors who share the same goals and objectives.

In the key sources of information section, there are several books that can help with the proposal writing process. Inexperienced individuals may want to attend a grantsmanship training course. These courses are generally available throughout the year. Most of the monthly periodicals in the key sources section list dates for this type of training. The answer will tell you how much money is actually available for new projects.

Tool 5-2. Select Corporate Grantmakers and *Tool 5-3. Who's Funding Health (Select Foundations) provides an initial list of foundation and Federal funding sources.*

Provided below are some considerations for selecting potential funders:

- Select sponsors that share an interest in youth, mentoring programs, mental health, substance abuse prevention and the Hispanic community.
- Call or write for the Application Guidelines and the contact person identified in the initial prospect research and request the application guidelines and a list of past grantees.
- It is important to check the funder's Web site. Often, the Web site will elaborate on the organization, list types of projects funded in the past, provide contact names and phone numbers, as well as other useful information.
- Analyze the information provided. Pay attention to funding priorites, eligible applicants, geographic funding preferences, fund ing ranges and application deadline dates.

The federal grants process is often precise in the information required and specific in the turn around from when the grant is first announced, to when it is due. This often ranges from 30 to 60 days.

Federal grants are also very specific on what is required in the proposal and provide information on funding ranges and multi-year funding. It is very important to follow the guidelines specified.

Contacting Key Individuals

Contact Program Officers and inform them that you have studied their program guidelines carefully and have additional questions. Use this contact as an opportunity to obtain information (*See Tool 5-4. Funder Tracking Form*). Start by asking if they could answer some questions now or would they prefer to schedule a 10-minute call at a later time. When you have a chance to ask questions, begin by briefly describing your project, stressing its objectives and outcomes. Then, if applicable ask:

- Does the project, as described, fall within their current priorities? Explore different objectives that might yield a better fit or ask for suggestions of other grant makers who might be interested in your project.
- Do you expect last year's funding to change this year? This answer should help you determine your project budget size. How much funding will be available for new awards? This answer will tell you how much money is actually available for new projects.

- Does the funder provide one-time-only support, or will they consider additional funding opportunities for future years? This answer will let you know if you can go back for future funding requests or are likely to receive only a one-time award.
- What are the most common mistakes in proposals you receive? Pay particular attention to the answers, for these are areas you want to be sure to avoid.
- Would you review a (two-or three-page) concept paper, or a draft proposal? (See *Tool 5-5. Concept Paper Outline*). If they will (and many do), then you will have an important opportunity to better match your proposal to their priorities.

Tool 5-6. Questions for the Funder provides additional questions that can be asked.

Writing your Proposal

In developing your proposal, it is important to have a well-organized and well-written document that can be easily understood. One of the best strategies for developing sound proposal ideas is to brainstorm with staff and peers. Not only does this help to generate good ideas, but it also helps to build support for the project.

Most funders provide a suggested outline for proposals, as well as information on other requirements, e.g. page length, number of attachments and amount of funding being requested. However, proposals generally fall into two types:

- Long, detailed proposals, normally submitted to government agencies
- Shorter letter-type proposals, generally submitted to corporations or foundations

The following example lists the basic topics common to most proposals (see also *Tool 5-7. Key Proposal Components*):

- Introduction
- Project Goal
- Documentation of Need
- Objectives
- Methodology
- Evaluation

- The Applicant Organization
- Estimated Budget

A well-written proposal takes time and skill. The following are additional tips for the proposal development process:

- Your proposal should go out with a short cover letter that provides an overview of the project goals and information on the applicant organization.
- Follow the suggested format. While it may seem excessive or complicated, many proposals are evaluated in accordance with the format requested.
- Do not exceed the suggested page limitations.
- Address all areas in the application notice and include all additional information requested.
- Double-check all computations in budget (see *Tool 5-8. Budget Checklist*).
- Be descriptive and concise in your depiction of the project.
- Before you submit your proposal, it is highly recommended that you have a person who is not familiar with the project review it for clarity.

Conclusion

In order to be successful at winning grants, the development process needs to be planned and well thought out months in advance. This method includes selecting potential funders that share your goals, contacting key individuals and writing an organized proposal.

There are many funders such as corporations, foundations and the federal government that can support your mentoring program, if you can reflect their goals in your proposal.

A series of proposal writing tools are provided to assist you in organizing and streamlining your efforts. These tools will guide the grant seeker through the grant process, from developing project ideas to finalizing the proposal.

Each tool is provided on a separate page, so it can be printed individually.

This tool section provides templates to help you in the development of resources to support your program. They include:

- *Tool 5-1. Fundraising Fundamentals (p. 118)*
- *Tool 5-2. Select Corporate Grantmakers (pp. 119-120)*
- *Tool 5-3. Who's Funding Health (Select Foundations) (pp. 121-122)*
- *Tool 5-4. Who's Funding Health (Select Government Sources) (p. 123)*
- *Tool 5-5. Funder Tracking Form (p. 123)*
- *Tool 5-6. Concept Paper Outline (p. 124)*
- *Tool 5-7. Questions For The Funder (p. 125)*
- *Tool 5-8. Key Proposal Components (p. 126)*
- *Tool 5-9. Budget Checklist (p. 127)*

Key Sources of Information

Blum, Laurie. *The Complete Guide to Getting a Grant: How to Turn Your Ideas into Dollars.* New York: John Wiley & Sons, 1996.

Carlson, Mim. *Winning Grants Step by Step: Support Centers of America's Complete Workbook for Planning, Developing and Writing Successful Proposals.* New York: Jossey-Bass, 1995.

Golden, Susan L. and Shrader, Alan, eds. *Secrets of Successful Grantsmanship: A Guerilla Guide to Raising Money.* New York: Jossey-Bass, 1997.

Miner, Lynn E., Miner Jeremy T. and Griffith Jerry. *Proposal Planning and Writing,* 2 ed. New York: Onyx Press, 1998.

New, Cheryl Carter and Quick, James Aaron. *Grantkeepers Toolkit: A Comprehensive Guide to Finding Funding (Non-profit Law, Finance, and Management Series)* New York: John Wiley & Sons, 1998.

Reinhard, William, ed. *The Grantseeker's Handbook of Essential Internet Sites, 1999-2000 Edition.* Gaithersburg, MD: Aspen Publishers, Inc., 1999.

Tools

5.1

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TOOL 5-1. Fundraising Fundamentals

Obtaining funding for a mentoring program in substance abuse and mental health careers is a process that requires many abilities. In the tools attached to this section, we provide an overview of the basics of getting a mentoring program off the ground.

The major sources of funding for a mentoring program are the federal government, corporations and foundations. These should be researched carefully before developing a proposal.

Proposals submitted should be well thought out, and ensure that they follow all the requester's guidelines, such as: line spacing, page limitation, amount of funding requested, etc. Clearly understand and reflect the funders goals and objectives as part of your proposal.

The major source of information for Federal grants is *The Catalogue of Federal Domestic Assistance* (CFDA). Its counterpart in the foundation world is *The Foundation Center*.

The outcome of this process may result in funding for your mentoring program.

TOOL 5–2. SELECT CORPORATE GRANTMAKERS

Aetna: Awarded $18 million for the year 2000 in grants with its focus in social issues and cardiovascular health. Write to: Aetna Foundation, 151 Farmington Ave. Hartford CT 06156. Call (860) 273-6382 or toll-free 1-800-USAETNA. Web site: http://www.aetna.com/foundation

AT&T: Committed to public service and social responsibility, with over $123 million awarded to education, civic and community service and arts & culture in 1998-1999. Write to: AT&T Foundation, 32 Avenue of the Americas, New York, NY 10013.
Web site: http://www.att.com/giving.

Ben & Jerry's: Focused on investing quarterly with approximately 7.5% of its pre-tax benefits to not-for-profit grassroots organizations which facilitate social change. Ben & Jerry's has invested in children and families, disenfranchised groups and the environment. Write to: The Ben & Jerry's Foundation, 30 Community Drive, South Burlington, VT 05403.
Web site: http://www.benjerry.com/foundation/index.html#areas-interest

Exxon Corporation: Exxon's contribution to environmental, education, women and minorities equaled over $28.6 million in 1998. The Exxon Foundation gives grants to non-profit organizations and makes contributions to colleges and universities, as well as research grants. Write to: Exxon Company, U.S.A. P.O. Box 2180 Houston, TX 77252-2180.
Web site: http://www.exxon.com

The Gap: The Gap Foundation primarily supports non-profit organizations and programs devoted to youth empowerment. In 2000, Gap donated over $17 million to charitable organizations and assisted in funding organizations committed to fighting the spread of HIV/AIDS. Write to: The Gap Foundation, 345 Spear Street, San Francisco, CA 94105. For more information, call 1-800-333-7899, ext. 72493.
Web site: http://www.gapinc.com/community/FAQ_body.shtm

Hewlett-Packard: Hewlett-Packard is well-known for its philanthropy endeavors in reaching communities world-wide. In 1999, HP donated $57.9 million in cash and equipment to non-profit, charitable agencies and educational institutions world-wide. HP's main focus is in supporting the arts, health and human services, civil groups and environmental organizations. Write to the Hewlett Packard Company Foundation, P.O. Box 10301 MS 20AH, Palo Alto, CA 94303.
Web site: http:// webcenter.hp.com/grants

1. The Hewlett Foundation's focus is on education, performing arts, population, environment, conflict resolution, family and community development, along with U.S.-Latin American relations. The Hewlett Foundation is independent from the Hewlett-Packard Company.

Write to: Hewlett Foundation, 525 Middlefield Road, Suite 200, Menlo Park, CA 94025, Call (650) 329-1070. Web site: http://www.hewlett.org/about.htm

2. The David and Lucile Packard Foundation provides grants to non-profit organizations in the following areas: conservation, population, science, children, families and communities, arts and organization effectiveness and philanthropy with a special interest in Northern California counties. Total assets are over $13 billion with grants awards totaling $411 million. Write to: The David and Lucile Packard Foundation 300 Second Street, Suite 200, Los Altos, CA 94022. Call (650) 948-7658. Web site: http://www.packfound.org

J.C. Penney: J.C . Penney recognizes community involvement through their annual Volunteer Awards and activities. J.C. Penney contributed over $27.6 million to civic and charitable organizations in 1999. J.C. Penney supports endeavors related to: health and welfare, education, civic betterment and arts & culture. Write to: J.C. Penney Company, Inc., Community Relations Department, P.O. Box 10001 Dallas, TX 75301. Web site: http://www.jcpenney.net/company/commrel/guidelin.htm

Proctor & Gamble: Proctor & Gamble contributed $73,245,604 world-wide in 1998-1999. Proctor & Gamble believes in investing "wisely" to society, as well as the company. The Proctor & Gamble company focuses on supporting schools, charities and community activities, such as: mentoring programs, supporting non-profit organizations and the environment. Write to: Proctor & Gamble Corporate Headquarters, P.O. Box 599, Cincinnati, OH 45201. Web site: http://www.pg.com/aboutpgcorporate/corp_citizenship_main.html

Sprint: The Sprint Foundation was established in 1989 and has contributed over $7.2 million to civic and charitable endeavors. The Sprint Foundation's major areas of interest include: education, arts & culture, community improvement and youth development. Write to: The Sprint Foundation 2330 Shawnee Mission Parkway, Westwood, KS 66205. Call (913) 624-3343. Web site: http://www3.sprint.com/sprint/overview/commun.html

Toyota: Toyota supports helping people improve the quality of their lives by getting involved in their communities. Over the past nine years, Toyota has contributed more than $126 million in programs throughout the United States. Toyota focuses on education, civic and community issues like social services and health causes. Write to: Toyota USA Foundation, Attn: Community Relations, A404, 19001 South Western Avenue, Torrance, CA 90509. Call (310) 618-6766. Web site: http://www.toyota.com/html/about/community_care/fund_guideline/index.html

Verizon: Created in 2000, The Verizon Foundation expects to invest $70 million to support communities. The Verizon Foundation's areas of interest include: literacy, digital divide, work force development, community technology development and mentoring programs. Write to: Verizon Communications, 1095 Avenue of the Americas, NY, NY 10036. Call (212) 395-2121. Web site: http://www.bell-atl.com/about/about.htm

TOOL 5–3. WHO'S FUNDING HEALTH (SELECT FOUNDATIONS)

The Andrew Mellon Foundation: Funds education in cultural affairs and the performing arts, population, conservation, the environment and public affairs. Contact: 140 East 62nd. St., New York, NY 10021. Call 212-838-8400. Web site: http://www.mellon.org

The Edyth Bush Charitable Foundation: Funds health services, social services, cultural organizations and education. Contact: 199 E. Welbourne Ave. P.O. Box 1967, Winter Park, FL 32790-1967. Web site: http://fdncenter.org/grantmaker/bush/index.html

Carnegie Corporation of New York: Grants are divided into four categories: education, international peace and security, international development and special projects: civic engagement for the 21st Century. Contact: 437 Madison Ave., NY, NY 10022. Call 212-207-6289. Web site: http://wwwcarnegie.org

The Ford Foundation: Fields of interest are divided into three main groups: asset building and community development, education media, arts & culture and peace & social justice. Contact: 320 East 43' St., NewYork, NewYork 10017. Call 212-573-5000. Web site: http://www.fordfound.org

The Robert Wood Johnson Foundation: Supports health services, health education, hospitals, nursing, dentistry, AIDS research. Also provides funding to address alcoholism and other drug abuse, disability issues, homelessness, mental health, and youth issues. Contact: P.O. Box 2316, Princeton, NJ 08543-2316. Call 609-452-8701. Web site: http://www.rwjf.org/index.jsp

John D. & Catherine T. MacArthur Foundation: Offers funding in areas of mental health and public policy through their human and community development project. Contact: 140 S. Dearborn Street, Suite 1100, Chicago, IL 60603. Call (312) 726-8000. Web site: http://www.macfdn.ort/index.htm

The William Penn Foundation: Divides their grantmaking into children, youth, families, environment and communities, arts & culture and interdisciplinary. Contact: Two Logan Square 11th floor, 100 N. Eighteenth Street, Philadelphia, PA 19103. Web site: http://www.pennfdn.org

Verizon: The Verizon Foundation expects to invest $70 million to support Communities. The Verizon Foundation's areas of interest include: literacy, digital divide, workforce development, community technology development and mentoring programs. Write to: Verizon Communications, 1095 Avenue of the Americas, New York, NY 10036. Call (212) 395-2121 or 1-800-621-9900. Web site: http://www.bell-atl.com/about/about.htm

TOOL 5–4. WHO'S FUNDING HEALTH (SELECT GOVERNMENT SOURCES)

Administration For Children And Families (ACF): (a division of DHHS) responsible for federal programs promoting economic and social well-being of families, children, individuals and communities. Contact: Grants Office, 370 L'Enfant Promenade, SW Washington, D.C 20447, (202) 401-9225. Web site: http://www.acf.dhhs.gov

Bureau of Health Professions (BHPr): (A division of HRSA) works to increase health workforce diversity, improve health workforce distribution and insure health workforce quality. Contact: Office of Program Support, Grants Management Office, Parklawn Building, Room 8C-26, 5600 Fishers Lane, Rockville, MD 20857. Call (301) 443-6880.
Web site: http://www.hrsa.gov

Bureau of Primary Health Care (BPHC): (A division of HRSA) works to increase access to primary health care and to improve the health status of underserved communities. Contact: Office of Grants Management 4350 East-West Highway, 11th floor, Bethesda, MD 20815. Call (301) 594-4235.
Web site: http://www.bphc.hrsa.gov

Center For Mental Health Services (CMHS): (A division of SAMHSA) leads Federal efforts in prevention of development or worsening of mental illness through treatment, research and dissemination of the latest information on mental illness. Contact: Knowledge Exchange Network, P.O. Box 42490, Washington, DC 20015. Call 1-800-789-2647.
Web site: http://www.samhsa.gov/cmhs/cmhs.htm

Center For Substance Abuse Treatment (CSAT): (A division of SAMHSA) provides national leadership in development of policies, programs and services to prevent illegal drug use, underage alcohol and tobacco use and reduce negative consequences of using substances. Contact: Grants Management Office, Rockwall II Building, Room 640, 5515 Security Lane, Rockville, MD 20852. Call (301) 443-3958.
Web site: http://www.samhsa.gov/csap/index.htm

Office of Minority Health Resource Center (OMHRC): Established by The U.S. Department of Health and Human Services, the OMH-RC, serves as a national resource and referral service on minority health issues. Contact: P.O. Box 37337, Washington D.C. 20013-7337. Call (800) 444-6472 or local (301) 587-9704. Web site: http://www.omhrc.gov

Substance Abuse and Mental Health Services Administration (SAMHSA): improving the quality and availability of prevention treatment for substance abuse and mental illnesses. Contact: Office ofExtramural Programs, Grants Management Office, Parklawn Bldg., Room 12C-26 5600 Fishers Lane, Rockville, MD 20857. Call (301) 443-4266.
Web site: http://www.samhsa.gov

TOOL 5–5. FUNDER TRACKING FORM

Project title:

Funder:

Grant program:

Funder contact name, address and phone number:

Application deadline:

Information requested from funder:

Date requested:

Date received:

Date project abstract/concept paper sent to/discussed with funder:

Comments:

Record of Other Communications (written, phone and in person):

No.	Contact	Date	Purpose	Result
1				
2				
3				
4				
5				
6				
7				
8				

TOOL 5–6. CONCEPT PAPER OUTLINE

Most foundations or corporations prefer that you first submit a concept paper. Follow this outline to make your case briefly. Be sure to use official letterhead stationery. Sometimes a funder will have its own format.

1. **Heading:** (Address to the person specified by the funder to receive letters of inquiry and be sure to get the name and title right. When in doubt, address the letter to the executive director or president.)

2. **Introduction:** (Explain the reason for writing, focusing on the funder's interests and how your mentoring project matches its goals. Refer to previous conversations and meetings with funder's staff members. Be sure to express appreciation for those staff members' assistance and interest in your project.)

3. **Project description:** (Briefly describe the goals and objectives of the mentoring project, continuing to make the connection between your ideas and the funder's interests.)

4. **Needs:** (Summarize the needs that your mentoring project will address, using current research and statistics to document it.)

5. **Solution:** (Explain how the mentoring project will address the needs identified. State expected project outcomes and how they will benefit the target population.)

6. **Uniqueness:** (Point out any special abilities your institution has or innovative approaches your mentoring project will take and express the commitment of your institution's executives to the project. Highlight your track record in this area.)

7. **Project plan:** (State briefly the planned activities, methodology and timetable.)

8. **Key personnel:** (Introduce key project personnel and briefly summarize their qualifications.)

9. **Budget request:** (State the amount of funds needed to conduct the project and the proposed period. Explain what financial support and resources the institution will provide itself and any support promised by other agencies or funders.)

10. **Continuation plans:** (Explain how you plan to support the project after the requested grant expires.)

11. **Closing:** (Give your name and phone number and express a desire for further discussion and submission of a formal proposal.)

TOOL 5–7. QUESTIONS FOR THE FUNDER

1. What are the funder's goals and priorities (if they are unstated in published documents)?
2. Does your project idea fit the grant program?
3. What types of applicants are eligible?
4. Do first-time applicants usually win?
5. What is the funding range of awards?
6. How many awards will be granted?
7. How many proposals did the funder receive in the last grant cycle and how many awards did it make?
8. How much money will be available for new awards?
9. What are the allowable project costs?
10. Is there any geographic distribution or set aside requirements?
11. Are matching funds required?
12. What are some common mistakes grant seekers make?
13. Can we submit a preliminary proposal for the program officer to critique?
14. What have been some successful projects in the past?
15. What is the anticipated release and due date of the request of the proposal?

TOOL 5-8. KEY PROPOSAL COMPONENTS

The following are the key components of a general proposal. The order of each component may vary, depending on the funder's requested format.

Introduction: Provide a short overview of the goals of the project and information on the applicant organization. Provide a statement that will link the funder's purpose and priorities to your project.

Project goal: Describe the overall goals of the project, focusing on the target population.

Documentation of need: Provide a statement of need for the project. The need statement is usually supported by current data sources (Chapters 2 and 3 provide national sources for documenting the need for your mentoring program).

Objectives: Identify proposed objectives with specific and measurable outcomes to be achieved. Time frames should also be provided for their achievement. Proposed objectives should also be realistic and attainable (see Chapter 4 and 6 for an overview of how to develop goals and objectives).

Methodology: Describe the activities to be conducted to assist in meeting each project objective. Describe how students and mentors will be selected. Provide information on what activities will be offered, when, and where they will be held. Provide a schedule for conducting project activities. Present the activities in a logical, sequential manner, indicating when specific activities will take place. Describe any institutional linkages that will assist in meeting the goals of the project. Describe the functions of the project manager and other key staff in the overall project. Provide resumes of key staff.

Evaluation: Describe how the overall project will be evaluated. Indicate who will be involved in the evaluation process. Describe the specific activities, methods and resources to be utilized in the evaluation (see Chapter 6).

The applicant organization: Describe the track record of the organization in working with the target population and in addressing related issues. Provide information on institutional commitments to the project beyond the proposed project period.

Estimated budget: Provide an itemized budget and total funds needed to carry out the project. Justify the need for the budget. An in-kind budget is often required.

TOOL 5-9. BUDGET CHECKLIST

Ask the following questions to make sure project budgets are complete and well expressed. Mark a Y or N in the space at left.

_____ Does the grant request fit within the funder's allowable costs?

_____ Is the budget adequate to support project activities?

_____ Does the budget include adequate salaries for all project personnel?

_____ Does the budget include direct and indirect costs?

_____ If required, does the budget document sources of matching funds?

_____ Have you checked all calculations?

_____ Is the budget expressed in narrative form, as well as in table format?

_____ Does each budget item relate to a project objective and activity?

_____ Does the budget provide the calculation of cost for each budget item?

_____ Does the budget break down costs by project participant?

Preparation for careers in substance abuse or mental health can begin as early as elementary school.

6 ASSESSING PROGRAM SUCCESS

De nuestros errores aprendemos.
[From our mistakes, we learn.]

Popular Folk Saying

Purpose

The purpose of this chapter is to provide program staff, mentors and mentees with an overview of the mentoring program assessment process.

Introduction

The process of assessment, or evaluation, involves the collection of information about the activities, characteristics and results of mentoring programs. This information allows us to improve program effectiveness and make sound decisions about these programs. Assessment is an essential component of all successful mentoring programs.

Many mentoring programs use persons from outside the program to conduct assessments. However, several successful programs have a lead staff member coordinating the assessment process in-house.

Program assessments can:

- Determine if the mentor program is meeting its objectives
- Determine if the mentor program is serving the needs of the participants

- Provide timely and critical feedback that can be used for improving the program
- Provide information to inform current and potential funders
- Assist management in decision making about the mentor program

The Evaluation Process

It is important that the evaluation effort, whenever possible, be designed and incorporated at the very beginning of the mentor program when proposed activities are formulated. As soon as the program is funded it is important to begin monitoring the project. Program monitoring helps ensure that the goals, objectives and the programs are being implemented and tracked throughout the life of the project. While various program management software are available, often all that is needed is a simple tracking sheet such as *Tool 6-2. Project Monitoring Tool.*

The evaluation component of a mentoring program should be an integral part of your program budget. Adequate resources are needed to conduct a good evaluation. Your evaluation budget should include: supplies, equipment, time of staff and consultants involved in evaluation and costs associated with obtaining the information such as: development of data collection instruments, reproduction and data analysis (see *Tool 6-3. Evaluation Budget*).

When possible, staff, mentors and mentees should be involved in the planning phases of evaluation, so that the evaluation process is participatory and clearly understood and supported by all. Staff should also play a role in interpreting the findings. *Tool 6-4* provides a sample of an *Evaluation Management Schedule.*

Collecting Baseline Information

Your mentor program should collect baseline data on the program and participants. Baseline data is information that provides a picture of the program at its beginning or at the start of the evaluation process. Much of this information can be collected on the mentees and mentors when they enroll in the program by completing an intake or application form. For participants this information can include variables such as: gender, age, racial/ethnic group, educational level, address, career interest, interest in going to college and income.

For mentors, this information can include information such as: gender, professional career, ethnic/racial group, address and time available. Other data can be collected from parents and schools, such as: student grades, family income level, parent education and extracurricular activities.

Formulating an Evaluation Plan

The evaluation plan provides a framework for evaluating your program. It should provide a method for gathering information, a plan to analyze information and a method to communicate results.

The evaluation plan includes five basic components:

1. Development of evaluation goals and objectives
2. Formulating questions
3. Design of data collection instruments and strategies
4. Analyzing information
5. Reporting evaluation results

Development of Evaluation Goals and Objectives

Your evaluation plan should directly relate to the mentoring program's goals, objectives and activities. The evaluation goals should focus on the extent to which the project is meeting its intended goals and objectives.

In Chapter 4, we discussed the importance of developing clear and precise goals and objectives. *Tool 6-5. Goals and Objectives Worksheet* encourages program planners to clarify the relationships between actual results and outcomes that should be achieved. Once goals and objectives are clear, the evaluator's task is to determine the degree to which goals were attained. An example of a goal is: "*Increase the number of Hispanic Professionals in mental health.*" An example of an objective is: "*To match 50 high school students with 25 mental health professionals that provide counseling services.*"

Formulating Questions

The first step in evaluation is to ask questions about the program, participants in the program and staff involved in conducting the program.

Forming questions is the work of the evaluation team. Questions developed should be:

- Simple
- Clear
- Meaningful
- Have no gaps or missing points

Generally, evaluation questions can be grouped as either:

- Process evaluation

- Outcome evaluation

Process Evaluation is designed and used to improve an existing mentoring program, especially when it is still being implemented. New programs may need to make periodic changes to ensure that the program meets its objectives. It informs management whether or not the program is being implemented as intended and whether changes need to be made. A process evaluation usually includes regular meetings with project staff to assess the program. Process questions vary depending on the kinds of project activities being provided, but may include:

- In what kind of and in how many activities did mentors and mentees participate?
- How many mentors and mentees were matched?
- What kind of and how many training opportunities were provided to staff and volunteers?
- Were the activities offered logical and sequential?
- Were program services implemented as planned?
- What methods were used to collect and analyze information?

Other process questions are provided in *Tool 6-6. Process Evaluation Questions.*

Outcome Evaluation is designed to present concrete results of the mentoring program. The evaluation plan should use specific and quantitative measures of the project's success in meeting the program objectives. It should also provide information on the indicators used to monitor and measure progress towards achieving results.

An Outcome Evaluation informs program planners. It allows program planners to keep track of progress and lets planners know how well the program has achieved its objectives. The data collected is directly tied to the program's goals and objectives. There are many potential questions that can be answered through an outcome evaluation. It is therefore necessary to decide which evaluation questions would be most important and practical to answer. Sample questions include:

- Did the program meet its intended results (impact, outcomes and products)?
- What was the impact of program services on the participant's knowledge about substance abuse and mental health prevention careers?
- What was the impact of services on student satisfaction?
- What was the impact of services on student's educational

progress?

Tool 6-7. Outcome Evaluation Questions provides examples of outcome evaluation questions. Other questions that should be addressed by the evaluation plan include: (see also *Tool 6-8. Other Evaluation Questions*)

- What is the potential impact of the program on continued student interest in the substance abuse and mental health prevention careers?
- Were there any unanticipated project outcomes?
- What is the potential for replication of project to other areas?

Design of data collection instruments

The evaluation strategy (generally known as "methodology") should maximize the information gathered to show the strengths and weaknesses of the mentoring program. It is recommended that a combination of methodologies be used to gather information. However, systematic data gathering is important, as it will lead to making more accurate judgments about the program. Some of this can be accomplished by program staff using existing records and documents. *Tool 6-9. Methods of Evaluation* provides a brainstorming activity that can be done by the evaluation team.

The four questions associated with data collection are:

- What data do you need to collect?
- From whom are you going to collect them?
- How are you going to collect them?
- How often are you going to collect data?

Data collection methods vary depending on the nature of the program. It is important to identify who will be included in the sample size. Sampling involves both who is going to be studied, and how they are to be selected for inclusion in the evaluation study. For a mentoring program, your sample will include mentors, mentees, staff and possibly parents and teachers.

Examples of data collection methods (Worthen, et al., 1996) for a mentoring program are:

- Mentee surveys
- Mentor surveys
- Interviews
- Observations
- Staff surveys
- Progress reports on the mentoring program

- Student grades
- Parent surveys
- Results of standardized self esteem instruments
- Document analysis
- Case studies
- Focus group commentaries

When developing the student tracking assessment instruments, it is important to have sufficient detail so that the adequacy of the information obtained can be studied. It is recommended that questionnaires be short and to the point.

Analyzing Information

The first step for interpreting the results is to determine what data are relevant. Then you need to summarize the data. How you summarize the data will depend on the type of questions originally asked.

Your evaluation approach and data gathering strategies can produce rich information in both quantitative and qualitative form about your program.

Quantitative data are information that can be presented in specific and measurable terms. It can also be descriptive and be used to make statements about a particular group of people, for example: *the mentoring program served 40 Hispanic youth between the ages of 10 to 16 years of age.*

Qualitative data are rich, descriptive and detailed accounts of a place, person, or program. It can include the use of individual interviews, case studies, focus group commentaries and observations. For example: *Dr. Carlos Mora, a physician at The Betances Mental Health Center, said that his experience with his mentee was an experience he will remember for a lifetime.*

Reporting Evaluation Results

In reporting your evaluation results or findings, it is important to consider the audience. Your evaluation report will be used as a tool to inform individuals about the program. It can be used by management to make decisions about a program or by funders to determine continued funding. It can also be used by policy makers and others to identify best practices for mentoring programs.

Who uses the results of evaluations?

- Program staff
- Program managers

- Organizational boards
- Policy makers
- Funders
- Other community-based organizations

Generally, your program funder will provide you with a format for presenting the evaluation report. Most report formats include the following components:

- *Introduction:* A relatively short paragraph describing the applicant organization; overall purpose of the project and some indicators of what you did; what you found, and what it means.
- *Summary of findings:* If applicable, explain the major findings of the evaluation in both quantitative and qualitative terms.
- *Methodology:* Explain the evaluation process; how you gathered the data and who was involved in data collection.
- *Evaluation:* Explain the findings of the evaluation in a more comprehensive format, providing both process and outcome data. Indicate any unanticipated outcomes.
- *Implications:* Explain how you can use the information found to improve the program.
- *Summary conclusion:* Wrap the whole report up in no more than two paragraphs — what you did, what you found and what it means.

Ethics of Evaluation

Whenever people are involved in evaluating a mentoring program, it is important to consider the ethical issues surrounding the evaluation, such as culture and privacy issues. Some large evaluation projects aim only to get as much information as possible in the most efficient way available. If one is concerned about Hispanic youth development, as they progress along the educational continuum, they need to be included as an integral part of the evaluation process. Hence, in evaluating a program that focuses on Hispanic youth, it is important to note that the way in which one collects data must also take into account confidentiality issues, as well as cultural issues. Furthermore, the evaluation should involve the mentee in a meaningful way and not cause emotional discomfort.

Conclusion

Assessing program success begins with the process of evaluation. The process of evaluation involves collecting important information on the activities, characteristics and results of mentoring programs. This information allows for improved program effectiveness and for making sound decisions about the mentoring program.

An evaluation plan provides a framework for your mentoring program. Five important components to include are: developing evaluation goals and objectives, formulating questions, designing data collection instruments and strategies, analyzing information and reporting results.

Your evaluation plan should include both process evaluation and outcome evaluation questions that can be addressed by your assessment instruments.

Developing assessment instruments requires attention to detail so that the adequacy of the information obtained can be studied. With the right evaluation approach, your data gathering strategies can produce rich quantitative and qualitative data on your program that you will need in reporting your findings.

Finally, whenever people become involved in evaluating a mentoring program, it is important to consider the ethical issues surrounding the evaluation, such as: culture, privacy issues and involving mentees in a meaningful manner.

The tools section provides templates to help you in the assessment process. They include:

- *Tool 6-1. Assessing A Mentor Program (p. 141)*
- *Tool 6-2. Project Monitoring Tool (p. 142)*
- *Tool 6-3. Evaluation Budget (p. 143)*
- *Tool 6-4. Evaluation Management Schedule (p. 144)*
- *Tool 6-5. Goals and Objectives Worksheet (p. 145)*
- *Tool 6-6. Process Evaluation Questions (p. 146)*
- *Tool 6-7. Outcome Evaluation Questions (p. 147)*
- *Tool 6-8. Other Evaluation Questions (p. 148)*
- *Tool 6-9. Methods of Evaluation (p. 149)*

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Tools

6.1

6.2

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TOOL 6–1. ASSESSING A MENTOR PROGRAM

Assessing the success of a mentoring program generally entails a fact-finding mission. Program assessment allows us to improve project effectiveness and make second decisions about the program services and its participants. Program assessment can be conducted using in-house staff or hiring program consultants with greater expertise.

The broad range of evaluation approaches and data collection materials available presents a difficult choice. An overly broad approach might provide too abstract information. A narrow approach might yield information that only focuses on one aspect of the program.

The development of an effective evaluation plan requires five major steps:

1. Developing evaluation goals and objectives directly related to the mentoring program

2. Formulating questions about the mentoring program participants and program staff

3. Design of data collection instruments and systemic data gathering methods

4. Analyzing information in quantitative and qualitative terms

5. Reporting evaluation results

TOOL 6–2. PROJECT MONITORING TOOL

Project Title: _____

Project Director: _____

Project Period: _____

Project Number: _____

Task	Staff	Date
Official notification of award:	_____	_____
Budget review meeting with funder:	_____	_____
Project operation details completed (staff hired, space prepared, etc.):	_____	_____
Project review meeting with funder:	_____	_____
Project revisions/amendments filed with funder (e.g., revisions in objectives or timeline, budget line item changes, etc.):	_____	_____
Evaluation plan finalized:	_____	_____
Progress reports submitted:		
Time period covered:	_____	_____
Financial reports submitted:		
Time period covered:	_____	_____
Evaluation report submitted:	_____	_____
Continuation proposal submitted:	_____	_____
Other reports submitted:		
Type of report:	_____	_____
Site visits conducted:	_____	_____
Press releases issued:	_____	_____
Grant closed out:	_____	_____

TOOL 6–3. EVALUATION BUDGET

Direct costs:	$ _____
Salaries:	$ _____
Fringe benefits:	$ _____
Consultant's fees:	$ _____
Supplies:	$ _____
Computer expenses:	$ _____
Telephone expenses:	$ _____
Instrument development expenses:	$ _____
Travel expenses:	$ _____
Other direct costs:	$ _____
Indirect cost _____%	$ _____
Total project costs:	$ _____

TOOL 6–4. EVALUATION MANAGEMENT SCHEDULE

Activity:	1	2	3	4	5	6	7	8	9	10	11	12
Hire outside or assign Internal Evaluator:												
Identify evaluation activities:												
Outline evaluation timelines:												
Set deadline for completing each activity:												
Review project goals, objectives, outcomes and evaluation design:												
Brief project staff on evaluation:												
Observe project in action:												
Meet with evaluation staff to discuss in-house resources:												
Prepare evaluation strategies:												
Collect evaluation data:												
Prepare data for analysis:												
Analyze and interpret data:												
Prepare preliminary evaluation report:												
Present initial findings to Project Director:												
Write final evaluation report:												
Present final evaluation report:												

TOOL 6–5. GOALS AND OBJECTIVES WORKSHEET

What goals can be set for the program

Need a. Lack of role models	Goal a. Exposure to role models
Need b.	Goal b.
Need c.	Goal c.
Need d.	Goal d.

What objectives will the program achieve in promoting substance abuse and mental health careers?

a. To match 50 students with 25 health professionals

b.

c.

d.

What activities can be incorporated into the program? What are the desired outcomes?

Activity	**Outcome**
Visit mental health centers	Exposure to work-setting

How can activities be monitored and measured?

Activity	**Indicator**
Student survey	Student feedback

How will measurement data be collected? Who will be responsible?

Measurement	**Collection Method**	**Staff Responsible**
Survey	Survey	Student advisors

TOOL 6–6. PROCESS EVALUATION QUESTIONS

1. How many mentors and mentees were matched?

2. How long were they paired?

3. Was student attendance adequate?

4. Was mentor attendance adequate?

5. What was the length of each meeting? Were adequate facilities available for each meeting?

6. How many mentors left before the program ended?
   How many mentees left before the program ended?

7. In what kind of and in how many activities did mentors and mentees participate?

8. What kind of and how many staff and volunteer training opportunities were provided?

9. Were the activities offered logical and sequential?

10. Were program services implemented as planned?

11. What methods were used to collect and analyze information?

TOOL 6–7. OUTCOME EVALUATION QUESTIONS

1. Did the program meet its intended results (impact, outcomes and products)?

2. What was the impact of program services on participant knowledge about substance abuse and mental health careers?

3. What was the impact of services on student satisfaction?

4. What was the impact of services on student educational progress?

5. What percentages of assignments did mentors in the program complete?

6. Was there an increase in school attendance as a result of participation in the mentoring program?

7. Was there an increase in enrollment and in successful completion of pre-college courses?

8. Did teacher(s) report positive changes in student behavior and attitude?

9. Was there a reduction in the dropout rate?

10. Was there an increase in participant knowledge about substance abuse and mental health careers?

11. Is there an increased enrollment in post-secondary education programs?

12. What is the potential for long-term impact of services on student satisfaction and continued student interest in the substance abuse and mental health careers?

TOOL 6–8. OTHER EVALUATION QUESTIONS

1. What is the potential impact of the program on continued student interest in the substance abuse and mental health careers?

2. To what degree did the program have beneficial effects or unintended effects?

3. What is the potential for replication of project to other areas?

4. Was the quantity of service sufficient to meet the needs of the participants?

5. How fast did the program respond to requests for service?

6. How did you measure whether staff treated participants with courtesy and dignity?

7. How accessible was the program to mentees?

8. Did participants view the service as satisfactory?

9. What was the cost per participant?

TOOL 6-9. METHODS OF EVALUATION

The planning group is asked to brainstorm different methods which can be used to carry out a process of evaluation. These are written on newsprint.

Note To Facilitator: In groups of 4 or 5, discuss 'What are the advantages and disadvantages of each method?'

This session is very important because people can learn a lot from each other about methods they might never have used in their own situation. Some methods that might be suggested are:

- Case studies
- Document analysis
- Focus group commentaries
- Group discussion method
- Small group method
- Whole group method
- Informal-oral interviews
- Interviews
- Mentor and student surveys
- Observation
- Observations
- Parent surveys
- Progress reports on the program
- Results of standardized Self esteem instruments
- Staff surveys
- Student grades
- Student surveys
- Written questionnaires
- Tracking data on participants

A mentor helps youth see that a dream can become a reality.

7 USING THE WEB TO DEVELOP MENTORING PROGRAMS

"If you take the way the internet is changing month by month, if somebody can predict what's going to happen three months from now, nine months from now even today my hat's off to them, I think we've got a phenomena here that is moving so rapidly that nobody knows exactly where it will go."

Bill Gates, Founder of Microsoft

Purpose

The purpose of this chapter is to provide an overview on how to use the World Wide Web to access information to support mentoring programs in substance abuse and mental health careers.

Introduction

The Web can help you obtain information on resources to support your mentoring program. It can also provide you with information on important linkages useful for identification of potential mentors and mentoring sites. More importantly, you can use the Web to disseminate information about your mentoring program.

The World Wide Web is a useful tool for developing a mentoring program. The Web is a system of millions of computers linked together across the globe. Each computer stores electronic files, known as Web pages that can be accessed from computers, some phones and even television. The Web provides information including text, full color graphics, photos, sounds and video.

The Web is a client-server system. The Web browser software is the client; the remote computer that stores the data is the server. For example, when exploring the ASPIRA Web site http://www.aspira.org, the computer requests the web page from a server located in Washington, DC. The ASPIRA Web server sends the data requested over the internet to the local computer. The local computer Web browser interprets the data and displays it. The ASPIRA Web site also has links (bookmarks) to Web sites of other organizations.

On the Web, the user navigates through pages of information based on one's interests. This is commonly known as browsing or surfing the net.

To access the Web software, you need a web browser, such as Netscape Navigator or Microsoft Internet Explorer.

Web Browsers[1]

A browser is a piece of computer software that allows an internet user to search for information on the World Wide Web. Although many different browsers are available, Microsoft Internet Explorer and Netscape Navigator are currently the two most popular and readily available. Both browsers can be downloaded for free from each company's website:

- Explorer http://www.microsoft.com/
- Navigator http://home.netscape.com/

Harnessing the Browser

Browsers are loaded with many features. Fortunately, the basics can be learned in just a few minutes. Double-clicking on the internet icon such as Netscape or Explorer on your computer launches the Web browser. Immediately, a pre-defined Web page appears. Both Navigator and Explorer have a small picture in the upper right hand corner of the browser. When this image is animated, it means that the browser software is accessing data from a remote computer. The server can be located across

[1]Please note that there are slight differences between the Windows and Macintosh versions.

town or on another continent. The browser downloads the remote files to the computer, and then displays them on the screen. The speed of this process depends on a number of factors:

- Modem speed
- The internet service provider's modem speed
- The amount of traffic on the internet

For the most up-to-date information about the browsers and a complete tutorial, check out the online handbook under the "Help" menu of the respective software companies.

Anatomy of a Web Page

The home page is the starting point of a Web site. Like the table of contents of a book or magazine, the home page provides an overview of what one will find on the Web site. A Web site can have many pages or a few depending on how it is designed.

Web pages vary wildly in their design and content, but most use a traditional magazine format. At the top of the page is a masthead or banner graphic. Then there is a list of items, such as articles, often with a brief description. The items in the list are usually "hot", meaning they are linked to other pages in the same Web site and to other Web sites. Sometimes these links are highlighted words in the body of the text or are arranged in a list, just like an index. They can also be a combination of both.

Text links appear in a different color from the rest of the text — usually blue and underlined. When you move the cursor over the link, double-click the left button on the mouse. You will be connected to this link.

Searching The Web

With over 320 million web pages currently online, it is easy to spend a lifetime surfing the World Wide Web.

Where does one start? Searching the internet requires time, patience and skill. Fortunately, a number of free on-line resources are available for assistance.

Other commonly used browsers include:

- AskJeeves.com
- Bigfoot.com
- Dogpile.com
- Go.com
- Google.com
- Mamma.com
- Search.com

Search engines are tools that help the user in this process. There are two categories of search engines—directories and indexes. Directories, such as *Yahoo.com*, are good at identifying general information. They group Web sites together under similar categories, such as: internet tutorials, substance abuse and alcoholism. The results of the search will be a list of Web sites related to the subject area.

Indexes, such as *Altavista* and *Lycos* should be used when seeking more specific information—such as cultural competency in medical treatment. These Web indexes can search all the contents of a Web site. They search the net, analyzing millions of Web pages and newsgroup postings and indexing all of the words.

Search results are usually ranked in order of relevancy—the number of times the search terms you used appear in a document, or how closely the document appears to match a concept you have entered. This is a much more thorough way to conduct a search of the Web. It is important to note that each one will provide the user with different information—even if they use the same "search topic". Nearly all search engines will let you choose items in Spanish.

The most popular search engines available on the World Wide Web are listed below:

- AltaVista.com
- Aol.com
- Excite.com
- Hotbot.com
- InfoSeek.com
- Lycos.com
- WebCrawler.com
- Yahoo.com

Caution: It should be pointed out that Web addresses are subject to change without notice.

AltaVista—http://www.altavista.digital.com Creates complete indexes of every word on every Web page it encounters, allowing for highly targeted searches. AltaVista searches by keywords that it derives from the text of a Web page. It indexes millions of Web pages and articles from Usenet newsgroups.

America Online—http://www.aol.com Although technically not a browser, America Online (AOL) is a multifaceted service company that supplies its subscribers with access to the internet and electronic mail (email) services. Other features of AOL include chat rooms that allow users to exchange live messages on various topics; electronic versions of popular newspapers and periodicals; software libraries from which users can download sound clips, games, programs and online shopping.

Excite—http://www.excite.com Features a "confidence rating" or a percentage rating that is given to each of the results it returns. A higher percentage indicates a closer match to your original query. In addition, Excite provides the option to view more documents similar to those described in that particular result. Channels are another feature of Excite. These are groupings of Web sites according to categories, such as: news, sports and shopping.

HotBot—http://www.hotbot.com Performs fast and powerful keyword searches of Web sites and newsgroups. Search results are ranked according to a confidence rating.

InfoSeek—http://infoseek.go.com Searches by keywords, scanning the information in its database. With InfoSeek, you can search a variety of databases, including the Web, Usenet and E-mail addresses. InfoSeek gives a score to your search results and returns the "best" matches to your query. It also groups Web sites into categories, similar to Excite.

Lycos—http://lycos.com is a Web-indexing robot. This means Lycos software robots actually go out and travel the net every day looking for new web sites. It searches by keywords, assigning a percentage rating for relevancy of each search return. Lycos also offers channels grouped by categories. An interesting feature of this search engine is the ability to locate pictures and sounds on the Web.

WebCrawler—http://www.webcrawler.com Searches for documents within a Web site that match your search terms, not just Web sites as a whole. WebCrawler searches the contents of pages within a site for a match with the search terms entered, even if the site itself is unrelated to the topic area. It builds a complete index and sorts the documents it finds according to how closely they match the search terms.

Yahoo!—http://www.yahoo.com is one of the most popular directories and is a good starting point. It can be searched by subject or like the other search engines, one can specify a search term. Yahoo! works well when searching for general information on a subject. However, when searching for something specific or the most recent Web sites, Yahoo may not easily find them.

Conclusion

The World Wide Web can serve as a tremendous resource for finding information on developing a mentoring program. The Web provides information on programs, funders, community organizations and resources, such as articles and books. You can also disseminate information about your program by developing a Web page. In the tools section we provide a list of Web sites that can be explored regarding mentoring programs and substance abuse and mental health careers.

They are categorized under four major groupings:

- *Tool 7-1. Using the Web to Develop Mentoring Programs (p.157)*
- *Tool 7-2. Mentoring Web sites (pp. 158-159)*
- *Tool 7-3. Hispanic-Serving Organizations (pp. 159-161)*
- *Tool 7-4. Substance Abuse and Mental Health Web sites (pp. 162-166)*

TOOL 7–1. USING THE WEB TO DEVELOP MENTORING PROGRAMS

Perhaps the best source for finding out information on mentoring programs is the World Wide Web (www). Known as the Web, it provides information including text, full color graphics, photos, sounds and video. It also provides valuable information on important linkages to other mentoring sites.

Web servers send information requested over the internet to a local computer. The local computer Web browser interprets the data and displays it. On the Web, the user navigates through pages of information based on interest. To access the Web, web browsers such as *Netscape Navigator*™ or *Microsoft Internet Explorer*™ are needed.

Explorer http://www.microsoft.com

Navigator http://home.netscape.com

With over 320 million web pages currently online, it is easy to spend a lifetime surfing the World Wide Web. Some search engines are also now being created in Spanish, such as: *Ask Jeeves in Spanish* and *Ciber Centro*. Listed below are the most popular search engines:

- AltaVista.com
- AskJeeves.com
- Bigfoot.com
- Dogpile.com
- Excite.com
- Go.com
- Google.com
- HotBot.com
- InfoSeek.com
- Lycos.com
- Mamma.com
- WebCrawler.com
- Yahoo.com

TOOL 7–2. MENTORING WEB SITES

Organization: America's Promise
Address: http://www.americaspromise.org
Description: Motivates Americans to pursue relationships with youth as mentors, tutors and coaches. Based on fulfilling "five promises" for young people, they help youth build character, competence, create safe places where youth can get together on non-school hours and offer opportunities for to give back through community service.

Organization: American Psychological Association
Address: http://www.apa.org
Description: Advocates for the advancement of psychology as a science, as a profession and as a tool in promoting human welfare.

Organization: Big Brothers Big Sisters of America
Address: http://www.bbbsa.org
Description: Provides caring adult volunteers with opportunities to mentor youth with programs throughout the U.S.

Organization: Corporation for National Service
Address: http://www.cns.gov
Description: Provides links to Americorps and other national service organizations.

Organization: International Mentoring Association
Address: http://www.wmich.edu/conferences/mentoring/
Description: Provides information on innovative mentoring practices.

Organization: International Telementor Center
Address: http://www.telementor.org
Description: Highlights successful online mentoring programs.

Organization: Mother Lode Big Brothers Big Sisters
Address: http://www.innercite.com/~bgbrosis
Description: Mentors children from single-parent homes.

Organization: The National Alliance for Hispanic Health
Address: http://www.hispanichealth.org
Description: Improves the health and well-being of Hispanics in the United States via education, seminars, etc.

Organization: Peer Resources – The Mentorship Directory
Address: www.peer.ca/mentor.html
Description: Serves as an information source on the art of mentoring.

TOOL 7–3. HISPANIC-SERVING ORGANIZATIONS

Organization: ASPIRA Association, Inc.
Address: http://www.aspira.org
Description: Works on behalf of Hispanic youth and parents promoting education, leadership development and advocacy.

Organization: Cuban American National Council
Address: http://www.cnc.org
Description: Works on behalf of Cuban citizens and refugees to improve human services, education and affordable housing.

Organization: Dialogue on Diversity
Address: http://www.dialogueondiversity.org
Description: Targets entrepreneurship as the key to progress for women to better their economic and social conditions in the U.S. and globally.

Organization: Hispanic Association of Colleges and Universities
Address: http://www.hacu.com
Description: Improves access to and the quality of post-secondary educational opportunities for Hispanic students.

Organization: Hispanic Employment Program
Address: http://www.hepm.org
Description: Provides specific attention on the needs of Hispanic Americans in all areas of federal employment.

Organization: Hispanics in Philanthrophy
Address: http://www.hiponline.org
Description: Advocates for increased philanthrophic support of Hispanic communities and greater representation of Hispanics on boards and staff of foundations.

Organization: Hispanic Federation
Address: http://www. hispanicfederation.org
Description: Builds and strengthens community-based organizations which provide Latinos with a host of services,including: healthcare, economic development, job training, AIDS prevention, youth services, leadership development and housing.

TOOL 7-3. CONTINUED...HISPANIC-SERVING ORGANIZATIONS

Organization Hispanic Radio Network
Address: http://www.hrn.org
Description: Informs Hispanics about health, environment, education, social justice, information and resources.

Organization; (LULAC) The League of United Latin American Citizens
Address: http://www.lulac.org
Description: Advances the economic condition, educational attainment, political influence, health and civil rights of the Hispanic population in the U.S.

Organization: (MALDEF) Mexican American Legal Defense and Educational Fund
Address: http://www.maldef.org
Description: Protects and promotes the civil rights of the more than 29 million Latinos living in the United States.

Organization: MANA, A National Latina Organization
Address: http://www.hermana.org
Description: Works towards the empowerment of Latinas of all ages.

Organization: The Mexican and American Solidarity Foundation Fundacion Solidaridad Mexicano Americana
Address: http://www.laneta.apc.org/fsma/
Description: Helps foster and strengthen cultural, educational and economic ties uniting Mexico and Mexican Americans and other Latinos in the United States.

Organization: National Council of La Raza
Address: http://www.NCLR.org
Description: Reduces poverty and discrimination, and improves life opportunities for Hispanic Americans.

Organization: National Hispanic Council on Aging
Address: http://www.nhcoa.org/
Description: Improves the quality of life for Latino elderly, families and communities through advocacy, capacity and institution building.

Organization: (NHMA) National Hispanic Medical Association
Address: http://home.earthlink.net/~nhma/
Description: Provides policymakers and healthcare providers with information and support to strengthen health service delivery to Hispanic communities.

TOOL 7-3. CONTINUED...HISPANIC-SERVING ORGANIZATIONS

Organization: National Latino Children's Institute
Address: http://www.nlci.org
Description: Focuses on promoting and implementing programs for children.

Organization: National Latino Council on Alcohol and Tobacco Prevention
Address: http://www.nlcatp.org/
Description: Promotes services dedicated to reducing the harm caused by alcohol and tobacco in the Latino community.

Organization: National Puerto Rican Coalition, Inc.
Address: http://www.bateylink.org
Description: Strengthens and enhances the social, political and economic well-being of Puerto Ricans throughout the United States and in Puerto Rico.

Organization: Puerto Rican Legal Defense and Education Fund
Address: http://www.igc.org
Description: Promotes and protects the civil and human rights of the Puerto Rican and Latino community.

Organization: SER-Jobs for Progress
Address: http://www.sernational.org/
Description: Serves low-income individuals in providing them with employment services.

Organization: Society for Advancement of Chicanos and Native Americans in Science
Address: http://www.sacnas.org
Description: Encourages Chicano/Latino and Native American students to pursue graduate education and advanced degrees necessary for research careers and teaching.

Organization: National Hispana Leadership Institute
Address: http://www.nhli.org/
Description: Helps in developing Hispanic women and girls as ethical leaders through training, professional development, relationship building , community and world activism.

TOOL 7–4. SUBSTANCE ABUSE AND MENTAL HEALTH WEB SITES

Organization: Another Empty Bottle
Address: http://www.alcoholismhelp.com
Description: Provides individuals with a means to share real experiences about how alcoholism has affected a loved one and themselves.

Organization: Caron Foundation
Address: http://www.caron.org
Description: Provides rehabilitation services to adults, adolescents and their families suffering from chemical dependency and related addictions.

Organization: (CASA) Center on Addiction and Substance Abuse
Address: http://www.casacolumbia.org/home.htm
Description: Brings together all of the professional disciplines needed to study and combat all forms of substance abuse as they affect society.

Organization: Center for Disease Control
Office on Smoking and Health
Address: http://www.cdc.gov/tabacco
Description: Leads Federal efforts to prevent tobacco use among youth, promotes smoking cessation and protects nonsmokers from environmental tobacco smoke.

Organization: (DHHS) The U.S. Department of Health and Human Services
(CMHS) Center for Mental Health Services
Address: http://www.mentalhealth.org
Description: Leads Federal efforts in treating mental illnesses.

Organization: (DEA) Drug Enforcement Administration
Address: http://www.usdoj.gov/dea
Description: Leads Federal efforts in enforcing the controlled substances laws and regulations of the United States.

Organization: Hazelden
Address: http://www.hazelden.org
Description: Assists in the recovery of individuals, families and communities affected by alcoholism, drug dependency and related diseases.

Organization: (ICPSR) Inter-University Consortium for Political and Social Research at the University of Michigan
Address: http://www.icpsr.umich.edu/index.html

TOOL 7–4. CONTINUED...SUBSTANCE ABUSE AND MENTAL HEALTH WEB SITES

Description: Provides access to the world's largest archive of computerized social science data, including data on substance abuse and mental health.

Organization: Join Together
Address: http://www.jointogether.org
Description: Serves as a resource center for communities working to reduce the harms associated with the use of illicit drugs, excessive alcohol and tobacco.

Organization: Mothers Against Drunk Driving (MADD)
Address: http://www.madd.org
Description: Support victims of violent crime associated with drinking and driving.

Organization: National Association of Alcoholism and Drug Abuse Counselors
Address: http://www.naadac.org
Description: Represents the interests of alcoholism and drug abuse professionals in the Nation. The NAADAC Web page contains information on current legislation, certification and membership.

Organization: National Association of State Alcohol and Drug Abuse Directors
Address: http://www.nasadad.org
Description: Supports the development of effective alcohol and other drug abuse prevention and treatment programs throughout every state in the U.S.

Organization: National Center for Tobacco-Free Kids
Address: http://tobaccofreekids.org
Description: Advocates change in public policies at Federal, state and local levels to protect children and youth from tobacco and create a healthier environment.

Organization: (NCADD) National Council on Alcoholism and Drug Dependence
Address: http://www.ncadd.org
Description: Provides education, prevention, intervention treatment and information.

Organization: National Council for Community Behavioral Healthcare
Address: http://www.nccbh.org
Description: Keeps community behavorial healthcare organizations informed about the rapid changes in behavioral healthcare.

TOOL 7–4. CONTINUED...SUBSTANCE ABUSE AND MENTAL HEALTH WEB SITES

Organization: National Criminal Justice Reference Service Bureau of Justice Assistance Clearinghouse
Address: http://www.ncjrs.org
Description: Serves as a reference and referral service for criminal justice professionals.

Organization: National Families in Action
Address: http://www.emory.edu/NFIA
Description Provides accurate drug information to parents and young people. Outstanding features of this site include "ask the experts" and a cultural connection to other ethnic groups working in the area of substance abuse prevention.

Organization: (DHHS) The U.S. Department of Health and Human Services, (NIAAA) National Institute on Alcohol Abuse and Alcoholism
Address: http://www.niaaa.nih.gov
Description: Supports and conducts biomedical research on the causes, consequences, treatment and prevention of alcoholism and alcohol-related problems.

Organization: (NIDA) National Institute on Drug Abuse
Address: http://www.nida.nih.gov
Description: Leads Federal efforts in using research and medical technology with the power of science to attack drug abuse and addiction.

Organization: (DHHS) The U.S. Department of Health and Human Services, (NIH) National Institutes of Health
Address: http://www.nih.gov
Description: Serves as the foremost biomedical research centers and the Federal focal point for biomedical research in the United States.

Organization: (NIMH) National Institute of Mental Health
Address: http://www.nimh.nih.gov
Description: Leads Federal efforts in conducting and supporting research nationwide on mental illness and mental health, including studies of the brain, behavior and mental health services.

Organization: (NLM) National Library of Medicine
Address: http://www.nlm.nih.gov
Description: Serves as the world's largest library dealing with a single scientific/professional topic, carrying over 45 million holdings.

TOOL 7–4. CONTINUED...SUBSTANCE ABUSE AND MENTAL HEALTH WEB SITES

Organization: (DHHS) The U.S. Department of Health and Human Services, Office of Minority Health
Address: http://www.omhrc.gov
Description: Leads Federal efforts in improving healthcare policies and programs for various ethnic and racial populations, including: Hispanic/Latinos, American Indians, Alaska Natives, Asian American, Native Hawaiians, Pacific Islanders and Blacks/African Americans.

Organization: (ONDCP) Office of National Drug Control Policy
Address: http://www.whitehousedrugpolicy.gov
Description: Serves as a national clearinghouse providing information on drug-use trends, drug-related crime issues and national drug-control policy. ONDCP also assists in changing public attitudes about drugs and making drug use less acceptable and glamorous.

Organization: Recovery Network
Address: http://www. recoverynetwork.com or http://164.109.153.131/htdocs/index.asp
Description: Provides prevention and recovery information, interaction, and support concerning substance use and abuse, addiction to alcohol and drugs and behavioral and mental health problems. The network provides these services through a television and radio network, online services and a national help line.

Organization: The Robert Wood Johnson Foundation
Address: http://www.rwjf.org
Description: Serves as the nation's largest philanthropy devoted to health care, and has served as a leader in addressing tobacco use in the U.S.

Organization: (SAMHSA) National Clearinghouse for Alcohol and Drug Information (PREVLINE) Prevention Online
Address: http://www.health.org
Description: Serves as a resource to the Substance Abuse and Mental Health Services Administration, dedicated to exchanging ideas and information concerning alcohol, tobacco and illicit drug problem prevention through electronic communication.

TOOL 7-4. CONTINUED... SUBSTANCE ABUSE AND MENTAL HEALTH WEBSITES

Organization: (DHHS) The U.S. Department of Health and Human Services, (SAMHSA) Substance Abuse and Mental Health Services Administration
Address: http://www.samhsa.gov/
Description: Leads Federal efforts to ensure that quality substance abuse and mental health services are available to the people who need them and that prevention and treatment knowledge are used more effectively in the general healthcare system.

Organization: U.S. Department of Justice
Address: http://www.usdoj.gov/kidspage
Description: Serves as a drug, alcohol and crime prevention site that provides support to youth and families.

Organization: West ED
Address: http://www.fwl.org
Description: Provides research, development and service dedicated to mentoring.

Organization: White House Office of National Drug Control Policy
Address: http://www.whitehousedrugpolicy.gov
Description: Serves as a national clearinghouse that spealizes in information on drug-use trends, drug-related crime issues and national drug-control policy.

GLOSSARY OF TERMS

Accredited	**A recognized educational institution that maintains standards that qualify the graduate.**
ACT	**American College Test.**
AP	**Advanced Placement Program.**
Assessment	**A judgement about something based on an understanding of the situation.**
Assessment Instrument	**A tool used to produce measurements (e.g. survey, focus group, case studies, interviews) that provide an understanding of a given situation.**
Baseline Data	**A standard of value to which other similiar things are compared.**
Browser	**A piece of computer software that allows an internet user to search for information on the World Wide Web.**
Catalogue of Federal Domestic Assistance (CFDA)	**A catalogue of Federal funds disseminated by the U.S. Government Printing Office that profiles all federal grant programs.**
Clinician	**An expert or practitioner in the medical or health field.**
Community-Based Organization	**An organization that is located in the community and serves the specific needs within that community.**
Confidentality	**To be entrusted with information on someone's personal or private matters.**
Cultural Competency	**Behaviors, attitudes and policies that will ensure that a system, agency, program or individual can function effectively and appropriately in diverse cultural settings.**
Culture	**The predominant force in shaping behavior, values and institutions. It generally, refers to the way of life of a people or society.**
Diagnostic	**The art of distinguishing one disease from another.**
Disproportionate	**Being out of proportion in comparison with other groups.**
Dissertation	**A formal and lengthy study or essay on a subject, generally required as partial**

	fulfillment of a doctorate degree.
Ethics	A system of moral principles that governs the appropriate conduct for an individual or group.
Dual Diagnosed	The act of determining that a patient has two-diseased conditions.
ECG	Electrocardiogram, a readout of the electrical activity of the heart.
Evaluation	The collection of information about the activities, characteristics and results of a program, allowing for improving program effectiveness and making sound decisions.
Faith-based Organization	An institution that centers around religious beliefs.
Federal Register	A well-known federal grant and contract funding information source disseminated by the U.S. Government Printing Office.
Foundation	A non-profit organization that provides funds, generally through competition to other not-for-profit entities.
Goal	A vision an individual or group desires to achieve with a specific focus on an end result.
Health Profession	A career related to health care.
Hematology	The science dealing with the formation, composition, functions and diseases of the blood.
Hispanic	A person of Cuban, Mexican, Puerto Rican, and all other Spanish language cultures and origins, regardless of race.
Hispanic Serving Institution	Educational institutions that enroll a large number (generally 25% or more) of Hispanic students.
Historically Black Colleges and Universities	Educational Institutions founded prior to 1964, where the primary mission is the education of African American Students.
Humanities	The liberal arts as subjects of study, as opposed to the sciences.
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.

Indicator	Any measurable phenomenon that is used to indicate the measure of another phenonomen that cannot be measured directly.
Immunology	The study of the immune system.
Intervention	To maintain or alter a health condition.
Ivy League School	A group of colleges in the U.S. forming a league for intercollegiate sports also associated with high academic standards.
Linguistic Competence	A set of skills related to one's ability to communicate in different languages.
Mental Health Disorder	Any of several conditions that requires mental and psychiatric treatment, including alcohol and drug-related disorders.
Mentee	A person that recieves guidance from a mentor.
Mentor	A person that gives guidance to another person who wishes to recieve it through a supportive relationship, that offers wisdom and concrete assistance as the other person goes through a difficult period, enters a newarea of experience, takes on important tasks, or corrects earlier challenges.
Methodology	The methods used to conduct a program or evaluation.
Microbiology	The science and study of microscopic cells.
Multidisciplinary	The use of a combination of several disciplines for a common purpose.
Objective	Specific and measurable plan that helps to ensure that a target is reached.
Outcome Evaluation	Provides concrete results of the program using specific and quantifiable measures.
Philanthropy	The act of improving the material, social and spiritual welfare of humanity, especially through charitable activities.
Process Evaluation	Method designed to provide concrete results on a program being evaluated.
Protocol	The detailed plan of a study or program.
PSAT	Preliminary Scholastic Assessment Test.
Qualitative Data	Data based on first hand observations

Quantitative Data	**Data that can be presented in specific and measurable terms.**
Reciprocity	**A mutual exchange of privileges.**
SAT	**Scholastic Assessment Test.**
Self-concept	**The whole inner picture that somebody has for himself or herself, including a complete evaluation of such traits as competence, worth and attractiveness.**
Self-esteem	**confidence in your own merit as an individual.**
Smokeless Tobacco	**A form of tobacco that is not smoked, but consumed in another way, for example: chewing tobacco and snuff.**
Sociodemographic	**Of, relating to, or involving a combination of social and demographic factors.**
Substance Abuse	**The excessive consumption, or misuse of any substance for the sake of its non-therapeutic effects on the mind or body, especially drugs or alcohol.**
TOEFL	**Test of English as a Foreign Language.**
Trauma	**Spiritual, emotional, physical and/or mental injury.**
Undocumented Immigrant	**A person who comes to a country to take up permanent residence, but does not have legal authority.**
Variable	**In statistics, a character that is common to a number of individuals, objects, groups, events and that has different categories, for example: "gender," "education," "age."**
Web	**Computers linked together across the globe.**
Web Page	**Similar to the pages of a book, a web page is information available over the World Wide Web.**
World Wide Web	**A system of internet service that supports a collection of documents and Web pages.**

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